

# PUBLIC HEALTH AND SAFETY STANDING COMMITTEE

## **MAYOR'S OFFICE COORDINATORS REPORT**

OVERA	LL STATUS (p	lease d	circle): 🕢 AF	PROVED	DENIED	N/A CANCELED
Petition #:	667	Ev	ent Name: Rer	negade	Craft Fair	
Event Dat	<sub>e :</sub> Septemb	er 14	, 2019			
Street Clo	<sub>sure:</sub> Divisior	Stre	et			
Organizati	ion Name: Ren	egad	e Craft Fai			
Street Add	dress: 1910 S	. Hal	sted Street	#2 Chic	ago, IL 606	08
Date of Ci	ate of the COMPI ty Clerk's Depart for City Departme for the Coordinate	mental ents rep	Reference Comr orts:	nunication:		
	ments (check all	• •	•	_		
Walkat		arnival/	Circus	Conce	rt/Performance	Run/Marathon
Bike Ra	ace R	eligious	Ceremony	Politica	l Ceremony	Festival
Filming	P	arade			Recreation	Rally/Demonstration
Firewor	rks C	onventi	on/Conference [	✓ Other:	Craft Fair	
24-Hou	ır Liquor Licens	е				
		Pei	tition Communi	cations (in	clude date/time)	
handcrafte	gade Craft Fair ed goods from 1 reet & Maple S	will hos 1:00an	st its 3rd Annua	l Fair on D	Division Street to	host local vendors with on Division Street between
	** ALL _perm	its and I	icense requirem	ents must b	pe fulfilled for an a	pproval status **
Date	Department	N/A	APPROVED	DENIED		tional Comments
	DPD		<b>√</b>			n H&P Protective Services ate Security Services
	DFD/ EMS		$\checkmark$		Contracted with Provide Private	Universal Macomb to EMS Services
	DPW		<b>V</b>		ROW Permit Re	equired
	Health Dept.		<b>√</b>		Temporary F	ood License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>✓</b>		Type III Barricades Required
	Recreation	<b>V</b>			No Jurisdiction
	Bldg & Safety		$\checkmark$		No Permits Required
	Bus. License		<b>✓</b>		Vendors License & Liquor License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of even
	Municipal Parking		<b>✓</b>		No Parking Signs Required
	DDOT		<b>✓</b>		No Impact on Buses
YOR'S	OFFICE				

Date: <u>7-11-19</u>

## City of Detroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West

Deputy City Clerk/Chief of Staff

#### DEPARTMENTAL REFERENCE COMMUNICATION

Monday, February 04, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Renegade Craft Fair, request to hold "Renegade Craft Fair" on Division St. between Russell St and Rivard St. in Eastern Market area, on 9/14/19 at 11am - 6 pm, set-up on 9/13/19 from 8am - 7pm, Tear down 9/15/19, Street closure on Division St. @, Russell St - Rivard St.

#667

### **City of Detroit Special Events Application**

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Se	ection 1- GENERAL EVEN	T INFORMATION
Event Name: Renegade Craft F	air	
Event Location: on Division Street to	petween Russell Street and Riva	ard Street in Eastern Market neighborhood
Is this going to be an annual event?	Yes 🗆 No	
Section 2	2- ORGANIZATION/APPI	LICANT INFORMATION
Organization Name: Renegade C	raft Fair	
Organization Mailing Address: 1910	) S Halsted St #2 Chicago IL 6	60608
Business Phone: 312-226-8654	Business Website:	www.renegadecraft.com
Applicant Name: Susie Daly		
Business Phone: 312-226-8654	Cell Phone: 312-342-0687	Email: susie@renegadecraft.com
Event On-Site Contact Person:		
Name: Justin Rathell		
Business Phone: 312-226-8654	Cell Phone: 913-424-4915	Email: justin@renegadecraft.com
Event Elements (check all that apply)		
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
[ ] Political Event	[ ] Festival	[ ] Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ] Convention/Conference	[ ] Fireworks	Other: Craft fair
Please provide a brief description of		th handcrafted goods in a two day craft fair event.
It is free and open to the pu		in handoratied goods in a two day diait fail event.
——————————————————————————————————————	DIIO.	

What are the projected set-up,	event and tear do	wn dates and times	s (must be complet	ted)?
Begin Set-up Date : 9/13/2019	Time: 8:00am	Complete Set-up Da	ite: 9/13/2019	Time: 7:00pm
Event Start Date: 9/14/2019	Time: 11:00am	Event End Date:	9/15/2019	Time: 6:00pm
Begin Tearing Down Date: 9/15/20	019	Complete Tear Dow	m Date: 9/15/2019	
Event Times (If more than one day, g				
Saturday 9/14/2019 11am-6p	m & Sunday 9/15	5/2019 11am-6pm		
		CATION/SITE		
Location of Event: On Russell	Street, between	Service Street a	nd Maple Street	(in Eastern Market)
Facilities to be used (circle): Stre Facility	et	Sidewalk	Park	City
Please attach a copy of Port-a-John, Santicipated layout of your event inclu		gency Medical Agreer	nents as well as a site	plan which illustrates the
-Public entrance and exit			eation of First Aid	
-Location of merchandising booths -Location of food booths		-Pro	posed route for walk/	
-Location of garbage receptacles -Location of beverage booths			cation of tents and can etch of street closure	opies
-Location of sound stages		-Loc	cation of bleachers	
-Location of hand washing sinks -Location of portable restrooms			cation of press area tch of proposed light	pole banners
	Secti	on 4- ENTERT	AINMENT	
Describe the entertainment for this y	ear's event:			
WE would like to have ligh	t DJ music play	ng for shoppers.		
Will a sound system be used?	Yes D No			
If yes, what type of sound system?				
Describe specific power needs for en		tem for light shop	oping music	
Small generator will be re				
Chian generator will be re-	nou to power 1	, , oyotom.		
How many generators will be used?	TBD, but	ikely 1-2		
How will the generators be fueled?	Gasoline manag	ged by the production	n team	

Phone: (248) 545-4845
Phone: (248) 545-4845
ORMATION
Alcoholic Beverages
nics, houswares, plants, prints, kids toys
RKING INFORMATION
d.
Phone: 248-752-5364
Thome.
[ Bonded
romotions.

Section 7-	COMMUNICATION &	COMMUNITY IMPACT INFORMATION	
How will your event impact the	he surrounding community (i.e. pe	destrian traffic, sound carryover, safety)?	
We will be bringing sh	noping business to the area wi	ith minimal traffic distruption.	
Have local neighborhood grou	ups/businesses approved your even	t?	
Indicate what steps you have	or will take to notify them of your e	event:	
We will begin the notification	on process this spring, and plan to o	btain the same letters of support as we had for our 2017 and 2018 events.	
	Section 8-	- EVENT SET-UP	
Complete the appropriate categor	ries that apply to the event Structur	re	
	How Many?	Size/Height	
Booth			
Tents (enclosed on 3 sides)	_ ≈ 4-6	10' x10'	
Canopy (open on all sides)	≈ 60-80	10' x10'	
Staging/Scaffolding	n/a		
Bleachers	n/a		
	Section 9- COMPLET	E ALL THAT APPLY	1
Emergency medical services?			
Contact Person: Universal-Maco	mb Ambulance Service / (58	66) 939-4350	
Address: 7733 E. Jefferson Ave	enue		
City/State/Zip: Detroit, MI 4821	4		
Name of company providing port-	-a-johns. Scotty's Potties		
Contact Person: Lori Proctor			
Address: 27940 Wick Street		Phone: 888-407-2900	
City/State/Zip: Romulus, MI 48	1803		
Name of private catering compan	y?		
Contact Person			
Address:		Phone:	
City/State/Zip:			

#### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for o	closure.	
STREET NAME: Division Street		- ,
FROM: Russell Street	TO: Rivard Street	
CLOSURE DATES: 9/13/2019 - 9/15/2019	BEG TIME: 8:00am	END TIME: 10:00pm
REOPEN DATE: 9/15/2019	TIME:10:00pm	
STREET NAME:		_
FROM:		
CLOSURE DATES:	BEG TIME;	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		_
FROM:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		_
FROM:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

LEA	ASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:
1)	CERTIFICATE OF INSURANCE
2)	EMERGENCY MEDICAL AGREEMENT
3)	SANITATION AGREEMENT
4)	PORT-A-JOHN AGREEMENT
5)	COMMUNITY COMMUNICATION
	Letters of support will include Division Street Boutique, Signal Return Press, and Maceri Produce

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Just Devolt A	January 16, 2019	
Signature of Applicant	Date	

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

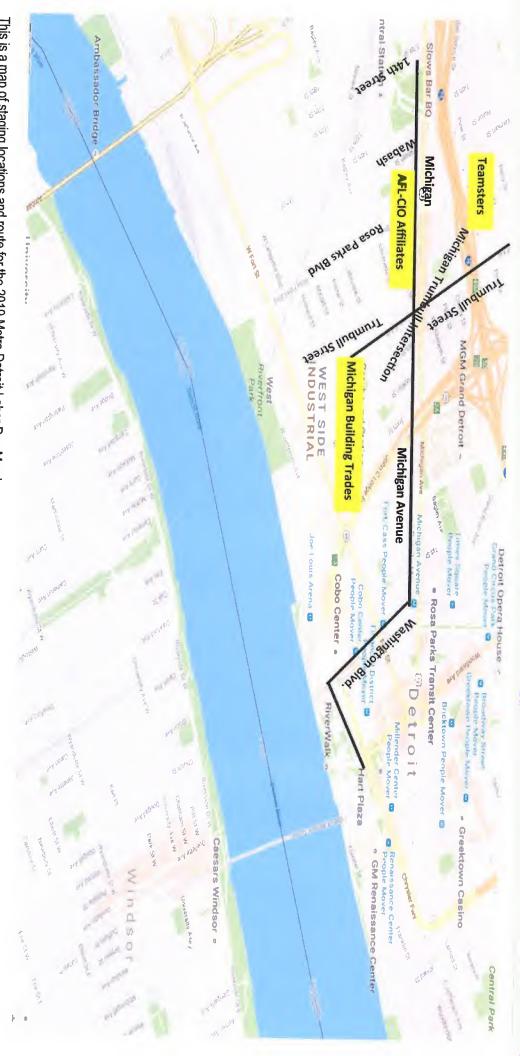
(Please Print)	
Event Name: Renegade Craft Fair	Event Date: 9/14/2019 - 9/15/201
Event Organizer:Justin Brookhart	
Applicant Signature:	Date: January 16, 2019

#### **MAYOR'S OFFICE COORDINATORS REPORT**

OVERA	LL STATUS (p	lease (	circle): 🗸 Al	PROVED	DENIED N/A CANCELED
Petition #	842	Ev	ent Name: Met	tro Detro	oit AFL - CIO Labor Day March
Event Dat	septemb				
	sure: Michiga				
	ion Name: Met			CIO	
Street Add	dress: 115 W	est W	illis Detroit	, MI 482	221
Date of C Due date Due date	ate of the COMP ity Clerk's Depart for City Department for the Coordinat ments (check all	mental ents rep ors Rep	Reference Comports: ort to City Clerk:	munication:	
Walkat		arnival/		Conce	ert/Performance Run/Marathon
Bike R	<u></u>		Ceremony		al Ceremony Festival
Filming		arade		=	/Recreation Rally/Demonstration
Firewo			ا   on/Conference	-	March
24-Hou	∟∟ ur Liquor Licens			<u>v</u> ] =	
		Pet	tition Communi	cations (in	clude date/time)
Union Me 1:00pm; w	mbers of the Me vith temporary s	etro De	troit AFL - CIO	will host th	neir annual Labor Day March from 7:00am -
	** ALL perm	its and i	license requirem	ents must l	be fulfilled for an approval status **
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD		<b>✓</b>		DPD Assisted Event
	DFD/ EMS		<b>✓</b>		Pending Inspections
	DPW		<b>V</b>		DPD Assisted Event; No ROW Permit Required
	Health Dept.		$\checkmark$		No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		V		Type III Barricades & Road Closure Signage Required
	Recreation	<b>V</b>			No Jurisdiction
	Bldg & Safety		$\checkmark$		No Permits Required
	Bus. License		<b>V</b>		No Permits Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of even
	Municipal Parking		<b>✓</b>		No Parking Signs Required
	DDOT		$\checkmark$		Low Impact on Buses

Date: 1-11-19



This is a map of staging locations and route for the 2019 Metro Detroit Labor Day March:

At 7am union members will begin staging in three separate locations:

- Teamsters stage on Trumbull north of Michigan
- Michigan Building Trades stage on Trumbull south of Michigan
- 3. Metro Detroit Affiliates, community groups, and others stage on Michigan west of Trumbull as far back as 14th Street. (If needed, feeder streets (Wabash, Vermont, etc.) will be used for vehicles and additional union members

At 9am participations of the 2019 Metro Detroit Labor Day March will step off from the intersection of Michigan Avenue and Trumbull. Marching east on Michigan people will turn right on

on Washington Blvd. and turn right on Fort Street disbursing as needec Washington Blvd. Participants will march south on Washington Blvd. pass Cobo Hall, the Ford UAW Program Center and end the parade at the Labor Legacy Monument. Vehicles will turn right

Port-a-John Locations

can turn right on Washington and then right on Lafayette while marchers continue down Washington pass Cobo Hall. Undecided Option: Vehicles can turn left on Cass and riders can get off just pass the Rosa Parks Transit Center or vehicles OFFICE OF THE CITY CLERK

Caven West

Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, April 30, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER
MUNICIPAL PARKING DEPARTMENT TRANSPORTATION DEPARTMENT

Metro Detroit AFL-CIO, request to host the "Metro Detroit AFL-CIO Labor Day March" Downtown Detroit on 9-2-2019 at 7AM - 1PM, Set up pn 9/2/2019 from 7AM - 9AM, Tear down on 9/3/2019, with multiple street closures.

# 842

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

	Section 1- GENERAL EVENT II	NFORMATION
Event Name: Metro Detroit AFL	-CIO Labor Day March	
Event Location: Downtown Detr	oit	
Is this going to be an annual event?	Yes No	
Section	2- ORGANIZATION/APPLICA	ANT INFORMATION
Organization Name: Metro Detroit		ANT INFORMATION
	Vest Willis; Detroit, Michigan 48	3221-1809
Business Phone: 313.960.4897		Business Website:
Applicant Name: Tanise M. Hill		
Business Phone: 313,960.4897	Cell Phone: 313.613.8539	Email: thill@metrodaflcio.org
Event On-Site Contact Person:		
Name: Tanise Hill		
Business Phone: 313.960.4897	Cell Phone: 313.613.8539	Email: thill@metrodaficio.org
Event Elements (check all that apply)		
[ ] Walkathon	[ ] Camival/Circus	[ ] Concert/Performance
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
[ ] Political Event	[ ] Festival	[ ] Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ] Convention/Conference	[ ] Fireworks	[ X] Other: March

#### Please provide a brief description of your event:

Union members, members of the community and community groups, and members of faith-based groups and the community will stage 7am – 8:55am. Marchers will be going west on Michigan Avenue promptly at 9am.

#### What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 09.02.2019

Time: 07.00am

Complete Set-up Date: 09.02.2019

Time: 9am

Event Start Date: 09.02,2019

Time: 07.00am

Event End Date: 09.02.2019

Time: 01:00pm

Begin Tearing Down Date: 09.03.2019

Complete Tear Down Date: 09.03.2019

Event Times (If more than one day, give times for each day):

One Day Event

#### Section 3- LOCATION/SITE INFORMATION

#### Location of Event: Downtown Detroit

Facilities to be used (circle): Facility

Street

Sidewalk

Park

City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- -Public entrance and exit
- -Location of merchandising booths
- -Location of food booths
- -Location of garbage receptacles
- -Location of beverage booths
- -Location of sound stages
- -Location of hand washing sinks
- -Location of portable restrooms

- -Location of First Aid
- -Location of fire lane
- -Proposed route for walk/run
- -Location of tents and canopies
- -Sketch of street closure
- -Location of bleachers
- -Location of press area
- -Sketch of proposed light pole banners

Section 4- ENTERTAINMENT	
Describe the entertainment for this year's event: None	
Will a sound system be used?   Yes X No	
If yes, what type of sound system? None	
Describe specific power needs for entertainment and/or music:  Not applicable	
How many generators will be used? None	
How will the generators be fueled? None	
Name of vendor providing generators:	
Contact Person: Not Applicable	
Address: Phone:	
City/State/Zip	
Section 5- SALES INFORMATION	
Will there be advanced ticket sales?    Yes    You  Yes    You  You  You  You  You  You  You  Y	
Will there be on-site ticket sales?	
Will there be vending or sales?	
[ ] Food [ ] Merchandise [ ] Non-Alcoholic Beverages [ ] Alcoholic Beverages	
indicate type of items to be sold: None	

Se	ection 6- PUBLIC SAFETY	& PARKING INFOR	RMATION
Name of Private Security Com	npany: Existing park contract security wi	ill be used.	
Contact Person:			
Address:		Phone:	
City/State/Zip:			
Number of Private Security Per	rsonnel Hired Per Shift:		
are the private security person	nel (check all that apply):		
[ ]Lic	censed [ ] Armed	[ ] Bonde	d
	COMMUNICATION & CO		
This event is on a holiday and	d the majority of area businesses are not of any complaints or concerns.	t affected. Residents are inform	ned by flyers posted in the area and
This event is on a holiday and	d the majority of area businesses are not	t affected. Residents are infon	ned by flyers posted in the area and
This event is on a holiday and ars we have not been advised o	d the majority of area businesses are not	t affected. Residents are infon	ned by flyers posted in the area and
This event is on a holiday and are we have not been advised of the hard of the	d the majority of area businesses are not of any complaints or concerns.	t affected. Residents are infon	ned by flyers posted in the area and
This event is on a holiday and ars we have not been advised of the have local neighborhood ground indicate what steps you have the steps are the steps of the have local neighborhood ground indicate what steps you have the steps are the steps of the have local neighborhood ground indicate what steps you have the steps are the steps of the steps are the step are	d the majority of area businesses are not of any complaints or concerns.  ups/businesses approved your event?  or will take to notify them of your event.	t affected. Residents are infon	ned by flyers posted in the area and
This event is on a holiday and ars we have not been advised of the hard of the	d the majority of area businesses are not of any complaints or concerns.  ups/businesses approved your event?  or will take to notify them of your event.	t affected. Residents are infon	ned by flyers posted in the area and
This event is on a holiday and ars we have not been advised of the have local neighborhood groundicate what steps you have of the have local neighborhood groundicate what steps you have of the have local neighborhood groundicate what steps you have of the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate what steps you have the have local neighborhood groundicate which have	d the majority of area businesses are not of any complaints or concerns.  ups/businesses approved your event?  or will take to notify them of your event community.	t affected. Residents are infon	ned by flyers posted in the area and
This event is on a holiday and ars we have not been advised of the have local neighborhood groundicate what steps you have and residents throughout the contract of the have local neighborhood groundicate what steps you have and residents throughout the contract of the have local neighborhood groundicate what steps you have and residents throughout the contract of the have local neighborhood groundicate what steps you have and residents throughout the contract of the have local neighborhood groundicate what steps you have a step in the have local neighborhood groundicate what steps you have a step in the have local neighborhood groundicate what steps you have a step in the have local neighborhood groundicate what steps you have a step in the have local neighborhood groundicate what steps you have a step in the have local neighborhood groundicate what steps you have a step in the have local neighborhood groundicate what steps you have a step in the have local neighborhood groundicate what steps you have a step in the have local neighborhood groundicate what steps you have a step in the have local neighborhood groundicate what steps you have a step in the have local neighborhood groundicate what steps you have a step in the have local neighborhood groundicate which is the have local neighborho	d the majority of area businesses are not of any complaints or concerns.  ups/businesses approved your event?  or will take to notify them of your event community.  Section 8- EV  ries that apply to the event Structure	X Yes  : Flyers will be distributed to by ENT SET-UP	ned by flyers posted in the area and
This event is on a holiday and ars we have not been advised of the have local neighborhood ground and residents throughout the complete the appropriate category.	d the majority of area businesses are not of any complaints or concerns.  ups/businesses approved your event?  or will take to notify them of your event community.	X Yes:	ned by flyers posted in the area and
This event is on a holiday and are we have not been advised of the have local neighborhood ground and residents throughout the complete the appropriate category both	d the majority of area businesses are not of any complaints or concerns.  ups/businesses approved your event?  or will take to notify them of your event community.  Section 8- EV ries that apply to the event Structure How Many?	X Yes  : Flyers will be distributed to by  VENT SET-UP  Size/Height	ned by flyers posted in the area and
This event is on a holiday and ars we have not been advised of the have local neighborhood ground indicate what steps you have and residents throughout the contract of the have local neighborhood ground indicate what steps you have and residents throughout the contract of the have local neighborhood ground indicate what steps you have and residents throughout the contract of the have local neighborhood ground indicate what steps you have and residents throughout the contract of the have local neighborhood ground indicate what steps you have a step in the have local neighborhood ground indicate what steps you have a step in the have local neighborhood ground indicate what steps you have a step in the have local neighborhood ground indicate what steps you have a step in the have local neighborhood ground indicate what steps you have a step in the have local neighborhood ground indicate what steps you have a step in the have local neighborhood ground indicate what steps you have a step in the have local neighborhood ground in the have local neig	d the majority of area businesses are not of any complaints or concerns.  ups/businesses approved your event?  or will take to notify them of your event community.  Section 8- EV  ries that apply to the event Structure How Many?  0	X Yes  Flyers will be distributed to be size/Height	ned by flyers posted in the area and

Bleachers		0	
	Section 9- COMP	LETE ALL THAT APPLY	
Emergency medical service	ces?		
Contact Person:			
Address:			
City/State/Zip:			
Name of company providi	ing port-a-johns.		
Contact Person:			
Address:		Phone:	
City/State/Zip:			
Name of private catering	company?		
Contact Person:			
Address:		Phone:	
City/State/Zip:	· · · · · · · · · · · · · · · · · · ·		

#### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

FROM: Rosa Parks	TO:	Washington Blvd.
CLOSURE DATES:09.02.2019	BEG TIME	: END TIME: Ipm
REOPEN DATE: 09.02.2019	TIME:	1pm
STREET NAME:Trumbull		
FROM: Spruce	TO:	Howard
CLOSURE DATES:09.02.2019	BEG TIME:	: END TIME:
REOPEN DATE:09.02.2019	TIME:	1pm
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	<del></del>
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

PLE	ASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:
1)	
2)	EMERGENCY MEDICAL AGREEMENT
3)	SANITATION AGREEMENT
4)	PORT-A-JOHN AGREEMENT
5)	COMMUNITY COMMUNICATION
_	
_	

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

	16		
	200	04.09.2019	
Signature of Applicant	1	Date	

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees)0 harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Metro Detroit AFL-CIO Labor Day March

Event Date: September 2, 2019

Event Organizer: Tanise Hill

Applicant Signature: Date: 04.09.2019

(Please Print)

## **MAYOR'S OFFICE COORDINATORS REPORT**

OVERA	ALL STATUS (p	lease	circle): 🕢 🗚	PPROVED	DENIED N/A CANCELED
Petition #	916	Ev	rent Name: Gre	ektown	Heritage Festival
	te: July 27,				
Street Cle	osure: Monro	e Stre	et		
Organiza	tion Name: Gre	ektov	vn Preserva	ation So	ciety
	dress: 1216 E				
Date of C Due date Due date Event Ele Walka Bike R Filming	ace F	tmental ents reptors Reptors Reptors Reptors Religious Parade	Reference Comports: port to City Clerk	Conce	rt/Performance Run/Marathon al Ceremony Festival /Recreation Rally/Demonstration
The Gree temporary	y street closure	Festiva on Mon	l will host their roe Street betv	annual ev veen Brusl	clude date/time) ent from 12:00pm - 10:00pm; with n Street and St. Antoine.
Date	** <u>ALL</u> perm Department	its and I	icense requirem	ents must b	pe fulfilled for an approval status ** Additional Comments
	DPD		✓		DPD Assisted Event; Contracted with Greektown Security to Provide Private Security Services
	DFD/ EMS		<b>✓</b>		Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW		$\checkmark$		ROW Permit Required
	Health Dept.		<b>✓</b>		Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		V		Type III Barricades & Road Closure Signage Required
	Recreation	<b>V</b>			No Jurisdiction
	Bldg & Safety		$\checkmark$		Permits Required for Tents, Generators Stages
	Bus. License		<b>✓</b>		Vendors License & Liquor License Required
	Mayor's Office		<b>√</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of event
	Municipal Parking		<b>✓</b>		Purchase of Parking Meters & No Parkin Signs Required
	DDOT		<b>✓</b>		Low Impact on Buses

MAYOR'S OFFICE	
Signature: B. Lusher	
Date:7-11-19	



July 2, 2019

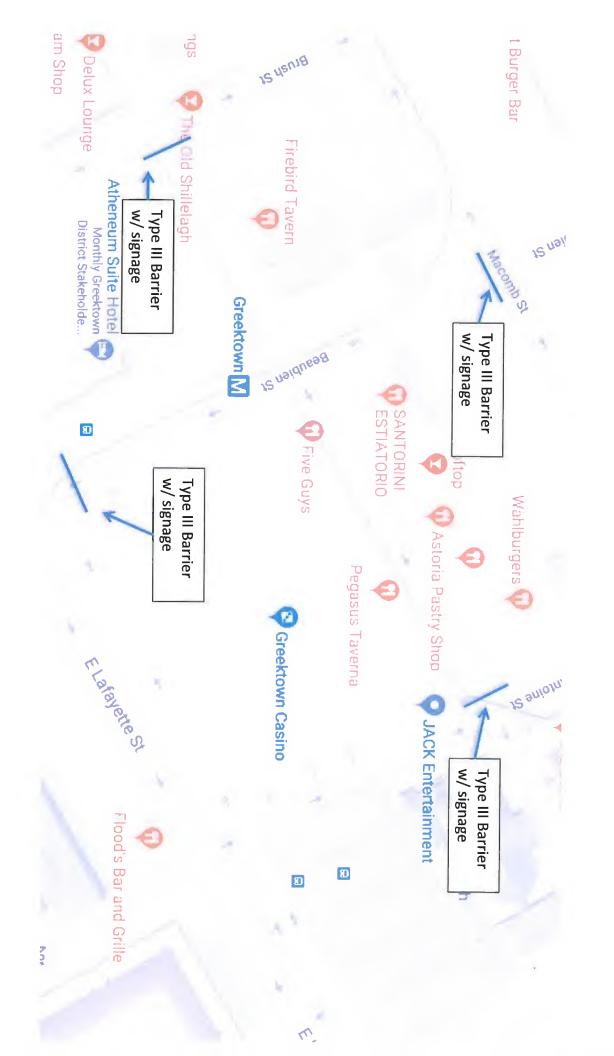
To Whom It May Concern:

The Downtown Detroit Ambassador Program will be providing cleaning support services for the Greektown Heritage Festival on July 27, 2019. Please feel free to contact me should you have any questions regarding this request.

Best,

Racheal Allen
Operations Manager
Downtown Detroit Ambassador Program
313-495-1304
Racheal.allen@downtowndetroit.org

- Type 3 Jersey Barricades



# CONFIDENTIAL HART EMS MEDICAL SERVICES PLLC 220 Bagley, Suite 912 - Detroit, MI 48216 Phone 313-366-4278 Fax 313-216-1771

June 18, 2019

This is to confirm that HART EMS MEDICAL SERVICES PLLC (HART) will provide on-site medical service **Detroit Greektown Society (DGTS); Greek Heritage Festival** in Greek town Detroit, MI on the following date(s) and time(s):

Saturday September 21, 2019 12:00pm-10:00pm (10hrs)

HART EMS MEDICAL SERVICES PLLC will provide these on-site standby services:

One (1) Life Support Ambulance @ \$125.00 per hour
The total amount due for 10 hours - \$1250.00

DGTS will provide the following:

- Location for Ambulance with proper egress
- Any necessary credentials
- Parking Passes for HART EMS MEDICAL SERVICES PLLC staff vehicles
- Bathroom Facilities

AGREED:

- Contact Person name
- Ice & Water for patient use

It is understood that all on-site medical facilities and ambulances have a limited capacity and should other emergency resources be called in by mutual agreement of both HART EMS MEDICAL SERVICES PLLC and DGTS that HART EMS MEDICAL SERVICES PLLC will be held harmless for any overtaxing of its resources and will not be held responsible for other costs incurred. It is further understood that the request for services is as outlined above and designed by DGTS. HART EMS MEDICAL SERVICES PLLC assumes no responsibility for the planning and accuracy of it. Should the request for transport result in overtaxing of resources contracted for, HART EMS MEDICAL SERVICES PLLC. Will, at its' discretion, call for transport via city or private provider. HART EMS MEDICAL SERVICES PLLC assumes no responsibility for availability or response capabilities of outside ambulance services. It is understood by the parties that HART EMS MEDICAL SERVICES PLLC is held accountable for medical treatments by the governing county agencies and must adhere to all policies and procedures pertaining to medical provision. HART EMS MEDICAL SERVICES PLLC, its staff, and agents shall be held harmless for any incidents arising from this event. Furthermore any treatment provided by other contracted, volunteer agencies or employees will not be the responsibility of HART EMS MEDICAL SERVICES PLLC and will be held harmless for any liability resulting in treatment by other agencies, either contracted or volunteered. Premature termination of the event shall not result in discount or refund of any kind from HART EMS MEDICAL SERVICES PLLC.

The balance is due in full to a HART EMS MEDICAL SERVICES PLLC supervisor before the end of the event.

Adam Gottlieb
HART EMS MEDICAL SERVICES PLLC
Detroit Greektown Society

Date
Date

## City of Betroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

#### DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Greektown Preservation Society, request to hold "Greektown Heritage Festival" on 7/27/19 from 12 pm - 10pm, Set-up on 7/27/19 from 7 am - 12 pm, Tear down on 7/27/19 - 7/28/19, Street Closure on Monroe, from Brush to St. Antoine.

7/27/2019

#### **City of Detroit Special Events Application**

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Event Location: Ore aktov. 1 On	: Nonroe Letween Brush end S	c. Antoine
Is this going to be an annual event?	▼Yes □ No	
Section	on 2- ORGANIZATION/APPL	ICANT INFORMATION
Organization Name: 612-410 A	Presentation Society	
Organization Mailing Address:	الماكوما	
Business Phone:	Business Website:	Ec., is a swade ion gr
Applicant Name:	70.1 6.0 200	
Business Phone:	Cell Phone: 70-4-612-2066	Email: viee@greektowncasino.com
Event On-Site Contact Person:		
Name:		
Business Phone:	Cell Phone: 7.11.812 2089	Email: V ലെക്രൂreekto Ancas:no.com
Event Elements (check all that appl	(y)	
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
[ ] Political Event	[ ] Festival	[ ] Filming
	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ] Parade		[ ] Other:
[ ] Parade [ ] Convention/Conference	[ ] Fireworks	
[ ] Convention/Conference		
	2300	

Begin Set-up Date 07/27/2019	Time: 07:00ar	↑ Complete Set-up Date: ()	7/27/2019	Time:12:00pm	
Event Start Date:07/27/2019	Time:12:00pn	Prent End Date: 07/27	2019	Time:10:00pm	
Begin Tearing Down Date: 07/27/2019		Complete Tear Down Date: 07/28/2019			
Event Times (If more than one day, gi	ve times for each d	ay):			
	Section 3- LO	CATION/SITE IN	FORMATIO	N_	
ocation of Event: Greektown- I	n Monroe bet	tween Brush and St	. Antoine		
Facilities to be used Check Stree Facility	et 🗸	Sidewalk y	Park	City	
Please attach a copy of Port-a John, S inticipated layout of your event inclu-		gency Medical Agreements	as well as a site pl	lan which illustrates the	
Public entrance and exit			of First Aid		
Location of merchandising booths Location of food booths		-Location of fire lane -Proposed route for walk/run			
Location of garbage receptacles		-Location of tents and canopies			
Location of beverage booths  Location of sound stages			f street closure		
Location of hand washing sinks		·Location of bleachers -Location of press area			
Location of portable restrooms			proposed light po		
e de la de				oon submitting this form	
	Secti	ion 4- ENTERTAIN	MENT		
Describe the entertainment for this ye	ar's event:				
live Band' and I					
Vill a sound system be used?	Yes 🗆 No				
yes, what type of sound system? $\bigcirc_{\mathbb{R}}$	rechead and s	stick spealters			
escribe specific power needs for ento					
EV, X0153, and anay. 4-3	12' sub voofe	r 4 power monitors	, microphone	: w/cables, amp rack, 2 power	
ow many generators will be used? -	500				
low will the generators be fueled?					

Address: 30195 John R		Phone:248-688-4640
Fee Mark From Sandara Mark 11 4007		
City/State/Zip/Vicidison Hes 1/4 4807	1	
200 H 30 H	Section 5- SALES INFO	RMATION
Will there be advanced ticket sales?		
Will there be on-site ticket sales?  If yes, list price(s):	Yes No	
Will there be vending or sales?  If yes, check all that apply:	Yes 🗆 No	
[7] Food [7] Merchandise	[ ] Non-Alcoholic Beverages	[/] Alcoholic Beverages
Indicate type of items to be sold:		
Food and Baylarage, arts and	าร์ไร	
Section 6- PU	IBLIC SAFETY & PARK	ING INFORMATION
Section 6- PU Name of Private Security Company: -312 Contact Person: T3D	IBLIC SAFETY & PARK	
Section 6- PU	IBLIC SAFETY & PARK	ING INFORMATION  Phone: 724-845-945
Section 6- PU Name of Private Security Company: -312 Contact Person: T3D	IBLIC SAFETY & PARK	
Section 6- PU Name of Private Security Company: All Contact Person: TSD Address: TSD S S S S S S S S S S S S S S S S S S	IBLIC SAFETY & PARK	
Section 6- PU Name of Private Security Company: -312 Contact Person: TBD Address: TBB S S S S S S S S S S S S S S S S S S	IBLIC SAFETY & PARK	

### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Requesting to close work on St. Becween Brush and St. Antoine

Have local neighborhood	groups/businesses approved your ever	nt?
-------------------------	--------------------------------------	-----



☐ No

Indicate what steps you have or will take to notify them of your event; Greektown merchant Association with be working with Greektown preservation society with event.

#### Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

 $\frac{2}{60^{\circ} \times 20^{\circ}}$  and  $\frac{10^{\circ} \times 20^{\circ}}{10^{\circ} \times 20^{\circ}}$ 

Canopy (open on all sides)

10 x 10'

Staging/Scaffolding

-3 30000 ne - 20 mm.

Bleachers

#### Section 9- COMPLETE ALL THAT APPLY

Emergency	medical	services?
-----------	---------	-----------

Contact Person: Safe Frovision Security Sameces

Address: 2723 S. Stalte Street

City/State/Zip: App Adopt A 4 457 94

Name of company providing port-a-johns.

Contact Person: 181

Address: 4/84 J 19471 - 9

Phone: /34-421-140

City/State/Zin: POIT HILLS AN ASTIA

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for		
STREET NAME: Monroe		
FROM: Brush	TO: St. Antoine	-
CLOSURE DATES: (27/ 7/7)		
<b>REOPEN DATE:</b> 07/18/10 (8:00am)	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME	
STREET NAME:		
FROM:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:		
CLOSURE DATES:		
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

#### PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Vivian Lee

(5/23/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Greetdown Date: 27/27/2019	n Taidrage Festival	Event
Date: 07/27/2019		
Event Organizer:		
Applicant Signature:  Date: 05/23/2019	Vivian Lee	

**MAYOR'S OFFICE COORDINATORS REPORT** OVERALL STATUS (please circle): ✓ APPROVED **DENIED** CANCELED Petition #: 920 Event Name: Detroit Drag Way Reunion Car Show - Youth Empowerment Festival Event Date: August 25, 2019 Street Closure: John R. Organization Name: Greater New Straight Street Baptist Street Address: 20067 John R Detroit, MI 48203 Receipt date of the COMPLETED Special Events Application: Date of City Clerk's Departmental Reference Communication: Due date for City Departments reports: Due date for the Coordinators Report to City Clerk: Event Elements (check all that apply): Walkathon Carnival/Circus Concert/Performance Run/Marathon Bike Race Religious Ceremony Political Ceremony **Festival Filming** Parade Sports/Recreation Rally/Demonstration Other: Car Show Fireworks Convention/Conference 24-Hour Liquor License Petition Communications (include date/time) Greater New Straight Street Baptist Church will host their annual Car Show & Community Day at 20067 John R and the adjacent parking lot from 12:00pm - 8:00pm; with temporary street closure on John R between E. State Fair & Remington. \*\* ALL permits and license requirements must be fulfilled for an approval status \*\* Date Department N/A **APPROVED** DENIED **Additional Comments DPD** Assisted Event DPD No Permits Required DFD/ **EMS** 

**DPW** 

Health Dept.

**ROW Permit Required** 

No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		V		Type III Barricades Required
	Recreation	<b>V</b>			No Jurisdiction
	Bldg & Safety		<b>✓</b>		No Permits Required
	Bus. License		<b>✓</b>		No Permits Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of event
	Municipal Parking	<b>✓</b>			No Parking Signs Required
	DDOT		<b>✓</b>		Low Impact on Buses

Signature: B. Lucher	
Date: 7-11-19	

# City of Metroit office of the city clerk

Janice M. Winfrey
City Clerk

Caven West

Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Greater New Straight Street Baptist, request to hold "Detroit Drag Way Reunion Car Show - Youth Empowerment Festival" on 20067 John R on 8/25/19 from 12 noon - 8pm, Set-up on 8/25/19 at 10am, Tear down following event, Street closure on John R from E. State Fair to Remington.

# **City of Detroit Special Events Application**

#920

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office. There is a 90 day review process. At the end of the 90 days, the petition could either be approved or denied by departments. Please take into consideration the amount of time it will take to plan the event when submitting the application. If submitted later than 90 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION
Event Name: Detroit-BragWay Reunion Car Show-Youth Empowerment Festival
Event Location: 20067 John R. Det. MI 48203
Section 2- ORGANIZATION/APPLICANT INFORMATION Organization Name: Greater New Straight Street Baptist
Organization Mailing Address: 20067 John R. Det. MI 48203
Business Phone: 313-7360432  Business Fax:
Federal Tax ID# 47-4865178
If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.
Applicant Name: Rev. Johnny E. Broaden
Title/Role: Pastor
Email Address: gnstraightste gmail com
Mailing Address: 20067 John R. Detroit, MI 48203
Business Phone: 313-7360432 / 313-4549666 Business Fax::
Event On-Site Contact Person: Mailing  Address: 20067 John R. Detroit, MI 48203
Business Phone: 313-7360432/313-4549666 Business Fax:

List name/phone number of pers List Event Sponsors:	on(s) authorized to make decisions for	r the organization/event (indicate role/responsibility).
Event Elements (check all that ap	ply)	
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
[ ] Political Event	[ ] Festival	[ ] Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ]Convention/Conference	[ ] Fireworks	[Vother: Car Show
Begin Set-up Date & Time: Aug 25,2  Event Start Date & Time: Aug 25,2  Begin Tearing Down Date: Aug 25  Event Times (If more than one day,	Event End Date & Time: A  Complete Set-up Date & Time: A  Event End Date & Time: A  Complete Tear Down Date:	Aug 25,2019
Is this the first time you have he If no, what years has the event been When was the event last held in Det the event last held in Detroit?	roit? Sun. Aug. 2 Greater Ne	Where was John R.
What were the hours last year?	10 am	- 9pm
Project Attendance This Year (Mini- What is the basis for your projected	3	agement School Supplies Donations
Please describe your anticipate	d/ target audience:	
Is this going to be an annual event?	Yes No	,
If yes, do you have a preferred/propo	osed for next year?  Annually	Ath Sun of August / Aug. 23, 2020

If a parade is planned. Indicate elements (check all that apply):  [ ] People	NA
[ ] Bands	
If animals included, specify type, number and how used.	
Name of business supplying animal(s):	NA
Contact Person:	
Address:	Phone:
City/State/Zip:	
Facilities to be used (circle): Street Please attach a site plan which illustrates the anticipated layout of your -Public entrance and exit -Location of merchandising booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks -Location of portable restrooms  Section 4- ENT	Park City Facility event including the following:  -Location of First Aid -Location of fire lane -Proposed route for walk/run -Location of tents and canopies -Sketch of street closure -Location of press area -Sketch of proposed light pole banners  ERTAINMENT
What type of entertainment will be used? (check all that apply)	
[ ] Singers	- Music
Describe the entertainment for this year's event: DT- Music	c will be played during the event lean/appropriate lyrics)

List proposed entertainers and/or bands performing at the	he event:
Will a sound system be used? Yes No	
If yes, what type of sound system?	Church Peevy Speakers & Microphone
[ ] Acoustic-audible, sound heard within natural range	
[ ] Amplified-augmented, sound increased to broaden r The amplified sound will be used:	ange
Will the event consist of a musical concert?   Yes	₩ No
If yes, what type of music? (check all that apply)	
[ ] Live [ ] Recorded [	] Karaoke/Lip-synch
Describe specific power needs for entertainment and/or music:	Church Electricity
How many generators will be used?	
How will the generators be fueled?	N/A
Name of vendor providing generators:	
Contact Person:	
Address:	Phone:
City/State/Zip:	
Section 5- COMMUN	ICATION/ADVERTISING STRATEGY
Check all applicable boxes that describe the type of promo	
] Radio (Specify stations):	•
] Television (Specific stations):	
] Newspapers (specify papers):	

[ ] Web site (identify web address):
[ ] Public Relations or Marketing Firm (Specify):
Contact Info: [ ] Raffle (List Item(s)):
[ ] Billboards
[V] Flyers
[ ] Street Banners
[V] Other (specify): Mail, Email
NOTE: All raffles subject to laws of State/City.
Section 6- SALES INFORMATION
Will there be advanced ticket sales?
Will there be on-site ticket sales?
Will food be sold?  Yes No If yes, please pick up Special Events Vendor Packet in Suite 105:  Food Sold out of Greater betroit Community Outreach Ctr. / 20030 John R.
Will merchandise be sold?
Will a percentage of the proceeds be distributed to a charitable organization?   Yes  No
If yes, describe:
If the event is a fundraiser, identify charity or recipient of funds:
Will there be vending or sales?
[ ] Food [ ] Merchandise [ ] Non-Alcoholic Beverages [ ] Alcoholic Beverages
[ ] Other (specify):
Indicate type of items to be sold: Hot dogs, Hamburgers, Chips, Pap, Water
Will these be exclusive vendors or outside vendors? (please describe):

Contact Person:	/	
-		
Address:	N/A Phon	e:
City/State/Zip:		
Number of Private Security Personne	el Hired Per Shift:	
Are the private security personnel (cl	heck all that apply):	
[ ] Licensed	[ ] Armed	[ ] Bonded
Describe the emergency evacuation p		
Describe the parking plan to accomm	nodate anticipated attendance: 3 Surround	ing Parking Lots
How will you advise attendees of par	rking options? Upon Arrival	71 7
Are you seeking a group parking rate	<b>A</b> \/ <sub>A</sub>	
	tion 8- COMMUNITY IMPACT INFO	RMATION
traffic, sound carryover, safety)?  Have local neighborhood groups/busi Indicate what steps you have or will t	inesses approved your event? take to notify them of your event:	of traffic of Bus Remington  Yes No Son to reighboring and throughout city

Complete the appropriate categories that apply to the event.  Structure
How Many?
Size/Height ————
Booth
Tent (enclosed on 3 sides)
Canopy (open on all sides)
Staging/Scaffolding
Bleachers
Company:
Grill [ ] Gas [ ] Charcoal [ ] Electrical [ ] Propane Fireworks (Pyrotechnics) [ ] Aerial [ ] Stage  Provide Sketch:
Portable Restrooms: [ ] Standard [ ] ADA Accessible  Vehicles
Type/Weight:
Other:
NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.
Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.
Will additional utility services be used (power, water, etc.)? Please describe.

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

Section 9- EVENT SET-UP

Section Name of Sanitation Company collecting refuse	10- COMPLETE ALL THAT APPLY	
Section  Name of Sanitation Company collecting refuse  Contact Person:	10- COMPLETE ALL THAT APPLY and garbage?	
Name of Sanitation Company collecting refuse Contact Person:	and garbage?	
Name of Sanitation Company collecting refuse Contact Person:	and garbage?  Phone:	
Name of Sanitation Company collecting refuse Contact Person: Address:	and garbage?	
Name of Sanitation Company collecting refuse Contact Person: Address: City/State/Zip	Phone:	
Name of Sanitation Company collecting refuse Contact Person: Address: City/State/Zip Name of company providing emergency medic	Phone:	
Name of Sanitation Company collecting refuse Contact Person:  Address:  City/State/Zip  Name of company providing emergency medic Contact Person:	Phone:	
Name of Sanitation Company collecting refuse Contact Person:  Address:  City/State/Zip  Name of company providing emergency medic Contact Person:	Phone:	
Name of Sanitation Company collecting refuse Contact Person:  Address:  City/State/Zip  Name of company providing emergency medic Contact Person:	Phone:	
Name of Sanitation Company collecting refuse	Phone:	
Name of Sanitation Company collecting refuse Contact Person:  Address:  City/State/Zip  Address:  City/State/Zip:  City/State/Zip:  City/State/Zip:	Phone:	
Name of Sanitation Company collecting refuse Contact Person:  Address:  City/State/Zip  Contact Person:  Address:  City/State/Zip:	Phone:	

City/State/Zip:	
Name of private catering company?	( )
Contact Person:	N/P
Address:	Phone:
City/State/Zip:	
SPECIAL USE REQUESTS	
List any streets or possible streets you are requesting Neighborhood Signatures must be submitted with ap	g to be closed. Include the day, date, and time of requested closing and reopening. pplication for approval.
Attach a map or sketch of the proposed area for of STREET NAME:	
Time:  FROM TO Closure Dates: Beg. Time:  End Time: 9:00 pn Reopen Date: Sun. Aug. 25, 201  End Time: 9:00 pn Reopen Date: Sun. Aug. 26	See Attachment 19

STREET NAME:	
FROM	
ТО	
Closure Dates:	
Beg. Time:	
End Time:	1
Reopen Date:	
Time:	
STREET NAME:	
FROM TO	
Closure Dates:	
Beg. Time:	
End Time:	
Reopen Date:	
Time:	
STREET NAME:	
FROM	
ТО	
Closure Dates:	
Beg. Time:	
End Time:	
Reopen Date:	
Time:	
Requested City Equipment	A
Requested City Equipment	A
Requested City Equipment  Provided In: (year)	A
Requested City Equipment  Provided In: (year)  Current Request: (year)	A
Requested City Equipment  Provided In: (year)  Current Request: (year)	ilers/Trunks
Requested City Equipment  Provided In: (year)  Current Request: (year)  Street Closures:  [ ] Posting no parking signs [ ] Light pole	ilers/Trunks
Requested City Equipment  Provided In: (year)  Current Request: (year)  Street Closures:  [ ] Posting no parking signs [ ] Light pole [ ] Electrical Services [ ] Storage for Train	ilers/Trunks
Requested City Equipment  Provided In: (year)  Current Request: (year)  Street Closures:  [ ] Posting no parking signs [ ] Light pole [ ] Electrical Services [ ] Storage for Train	ilers/Trunks
Requested City Equipment  Provided In: (year)  Current Request: (year)  Street Closures:  [ ] Posting no parking signs [ ] Light pole [ ] Electrical Services [ ] Storage for Train  Barricades are not available from the City of Detroit.  ADDITIONAL INFORMATION  Is there any additional information that you feel is important to mention recommendation.	garding your event or additional requeste? VES
Requested City Equipment  Provided In: (year)  Current Request: (year)  Street Closures:  [ ] Posting no parking signs [ ] Light pole [ ] Electrical Services [ ] Storage for Train  Barricades are not available from the City of Detroit.  ADDITIONAL INFORMATION  Is there any additional information that you feel is important to mention recommendation.	garding your quant or additional requests? VES
Requested City Equipment  Provided In: (year)  Current Request: (year)  Street Closures:  [ ] Posting no parking signs [ ] Light pole [ ] Electrical Services [ ] Storage for Train  Barricades are not available from the City of Detroit.  ADDITIONAL INFORMATION  Is there any additional information that you feel is important to mention recommendation.	garding your quant or additional requests? VES
Requested City Equipment  Provided In: (year)  Current Request: (year)  Street Closures:  [ ] Posting no parking signs [ ] Light pole [ ] Electrical Services [ ] Storage for Train  Barricades are not available from the City of Detroit.  ADDITIONAL INFORMATION  Is there any additional information that you feel is important to mention recommendation.	garding your event or additional requests? VES
Requested City Equipment  Provided In: (year)  Current Request: (year)  Street Closures:  [ ] Posting no parking signs [ ] Light pole [ ] Electrical Services [ ] Storage for Train  Barricades are not available from the City of Detroit.  ADDITIONAL INFORMATION  Is there any additional information that you feel is important to mention recommendation.	garding your quant or additional requests? VES
Requested City Equipment  Provided In: (year)  Current Request: (year)  Street Closures:  [ ] Posting no parking signs [ ] Light pole [ ] Electrical Services [ ] Storage for Train  Barricades are not available from the City of Detroit.  ADDITIONAL INFORMATION  Is there any additional information that you feel is important to mention recommendation.	garding your event or additional requests? VES
Requested City Equipment  Provided In: (year)  Current Request: (year)  Street Closures:  [ ] Posting no parking signs [ ] Light pole [ ] Electrical Services [ ] Storage for Trainaricades are not available from the City of Detroit.  ADDITIONAL INFORMATION	garding your event or additional requests? VES

Therefore we ask that our 2019 Event Request reaches all involved for approvals so that we are able to continue on with our 8th Annual Event (with approved Street Closure). Thank you so Kindly. God Bless.
AUTHORIZATION & AFFADAVIT OF APPLICANT
I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.
Signature of Applicant Date  Date
NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.
HOLD HARMLESS AND INDEMNIFICATION  The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.
Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.
(Please
Print)
Event Name: Detroit Drag Way Reunion Car Show of Youth Empowerment Event Event Date: Aug. 25, 2019
Event Organizer: Kev Johnny En Broaden - GNSS Pastor
Applicant Signature: Rev Goling Bloom Date: 4-24-19

E. State Fair Remington St. Remington St.

E. 8 Mile Rd.

# Please be advised that the mentioned plans for our DETROIT DRAGWAY REUNION CAR SHOW YOUTH ENPOWERMENT FESTIVAL

will be held and hosted on **Private Properties** for this year's annual event.

~ GOD BLESS ~

**Greater New Straight Street Baptist Church Reverend Johnny E. Broaden, Pastor** 

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Date of this notice: 08-24-2015

Employer Identification Number: 47-4865178

Form: SS-4

Number of this notice: CP 575 E

GREATER NEW STRAIGHT STREET BAPTIST CHURCH 17372 SANTA ROSA DR DETROIT, MI 48221

For assistance you may call us at: 1-800-829-4933

Church Address: 20067 John R. Detroit, MI 48203

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

# WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4865178. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it's very important that you use your EIN along with your complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information shown above isn't correct, please send us the correction using the attached tear-off stub.

## Annual filing requirements

Most organizations with an EIN have an annual filing requirement, even if they engage in minimal or no activity.

A. If you are tax exempt, you may be required to file one of the following returns or notices:

Form 990, Return of Organization Exempt From Income Tax Form 990-FZ, Short Form Return of Organization Exempt From Income Tax Form 990-PF, Return of Private Foundation Form 990-N, e-Postcard (available online only)

Additionally, you may be required to file your annual return electronically.

If an organization required to file a Form 990, Form 990-PF, Form 990-EZ, or Form 990-N does not do so for three consecutive years, its tax-exempt status is automatically revoked as of the due date of the third return or notice.

Please refer to www.irs.gov/990filing for the most current information on your filing requirements.

B. If you are not tax-exempt, you may be required to file one of the following returns:

Form 1120, U.S. Corporation Income Tax Return Form 1041, U.S. Income Tax Return for Estates and Trusts Form 1065, U.S. Return of Partnership Income

Please refer to Publication 1635, Understanding Your EIN, for more information about which forms you may be required to file.

# GREATER NEW STRAIGHT STREET BAPTIST CHURCH

# DETROIT DRAG WAY REUNION CAR SHOW

"Youth Empowerment Festivities" SUNDAY, AUGUST 25<sup>171</sup>, 2019

20067 JOHN R. (Btw. E. State Fair / 8 Mile)

11:00am - 8:00pm

In Memory Of
The Late
JOHN
BROADEN







# \*\* NO "PARTICIPANT REGISTRATION" FEE \*\*

We ask that all Participants and Visitors of the event

... Please Bring School Supplies Donations ...

(To be distributed to all **School aged** and **College bound** students present.

Please Help in our efforts to **Not Turn Any Student Away Empty Handed**. Thanks!!

# **VENDORS WELCOME**

With Advance Notice / No Tables Provided

THIS YEAR ... 2019

\*\*CASH PRIZES\*\* TO BE AWARDED

\$ \$

DON'T MISS OUTII

FOOD

FILIM

MUSIC

ACTIVITIES

FELLOWSHIP

\* LAUGHTER

SMILES

Don't Forget The School Supplies!!

See Ya There!!!

For More Info. Contact:

Rev. Johnny Broaden 313-736-0432 Lady Anita Broaden 313-454-9666 Min. Antoine Gulley 313-799-6409





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# **MAYOR'S OFFICE COORDINATORS REPORT**

OVERAL	L STATUS (pl	ease c	ircle): 🗸 🚣	APPROVED		<b>DENIED</b>		<u>N/A</u>		CANCELED
Petition #:	Petition #: 923 Event Name: Atwater Blocktoberfest 2019									
Event Date	Septemb	er 21	, 2019							
Street Clos	sure: Wight S	Street								
Organizati	on Name: Atwa	ater E	Brewery							
Street Add	ress: 237 Jos	s. Cai	mpau Det	troit, MI						
Date of Cit Due date for Due da	te of the COMPL y Clerk's Depart or City Departme or the Coordinate nents (check all t	mental F ents repo ors Repo	Reference Cor orts: ort to City Cle	mmunication:						
Walkath				Carrage	<b>+/□</b> =f			D / N		<b>4</b> 1
Bike Ra		arnival/(	Ceremony			ormance		Run/M		tnon
Filming		eligious arade	Ceremony	Politica			V	Festiva		
Firewor			on/Conforme	Sports/		ation	Ш	Rally/L	em	onstration
			on/Conference	e Other:						
24-Hou	r Liquor Licens	е								
		Pet	ition Commu	ınications (inc	clude (	date/time)				
Atwater Brewery will host their annual Blocktoberfest at 237 Joseph Campau and the adjacent parking lot from 10:00am - 10:00pm; with temporary street closure on Wight Street between Chene & Joseph Campau.										
** ALL permits and license requirements must be fulfilled for an approval status **										
Date	Department	N/A	APPROVE	D DENIED				al Con		
	DPD		<b>✓</b>		Cont	will Provice racted with ovide Privates	ı Atv	vater B	rew	ery Security
	DFD/ EMS		$\checkmark$		No F	ermits Re	quire	ed		
	DPW		<b>√</b>		ROV	V Permit R	equi	red		
	Health Dept.		<b>✓</b>		Ten	nporary F	-00	d Lice	ens	e Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		V		Type III Barricades & Road Closure Signage Required
	Recreation	<b>✓</b>			No Jurisdiction
	Bldg & Safety		<b>✓</b>		No Permits Required
	Bus. License		<b>✓</b>		Vendors License & Liquor License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of even
	Municipal Parking		<b>✓</b>		Purchase of Parking Meters & No Parkir Signs Required
	DDOT		<b>✓</b>		No Impact on Buses

Signature: B. Ausher	
Date: 7-11-19	

# City of **B**etroit

Janice M. Winfrey City Clerk OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Friday, June 7, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Atwater Brewery, request to hold "Atwater Blocktoberfest 2019" at Atwater Breweryon 9/21/19 starting at 10am - 10pm, Set-up on 9/21/19 @ 8am - 9am, Tear down following event, Street Closure on Wight Street from Chene to Jos Campau.

#923

# **City of Detroit Special Events Application**

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Event Location: Atwater Brewery		
Is this going to be an annual event?	Yes No	
is this going to be an annual event?	res 🗀 No	
Section	2- ORGANIZATION/APPI	LICANT INFORMATION
Organization Name: Atwater Brew	erey	
Organization Mailing Address: 237 Jo	s. Campau	
Business Phone: 3138889861	Business Website:	www.atwaterbeer.com
Applicant Name: Patrick Blair		
3138889861 Business Phone:	Cell Phone: 2489141943	Email:
Event On-Site Contact Person:		
<sub>Name:</sub> Michael Walsh		
Business Phone: 3138889861	Cell Phone: 2483798605	Email: detroitgm@atwaterbeer.com
Event Elements (check all that apply)		
] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance
] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
] Political Event	[ Festival	[ ] Filming
] Parade	[ ] Sports/Recreation	] Rally/Demonstration
] Convention/Conference	[ ] Fireworks	] Other:
rojected Number of Attendees:		
ast we have been limited to	t we are looking to incorpora	ate a larger area to host more people. In the uests. We are hoping to have the street ng games, winning prizes and some great

Begin Set-up Date 09/21/20	19 Time: 08	3:00amComplete Set-u	up Date: 09/21/2019	Time:09:00am
Event Start Date: 09/21/201	.9 Time:10	:00am Event End Date	::09/21/2019	Time:10:00pm
Begin Tearing Down Date:09/	21/2019	Complete Tear	Down Date:09/21/2019	
Event Times (If more than one of Start at 10:00am, conc	lay, give times for llude around	r each day): 9:00pm		
	Saction	3 LÓCATION/SI	TE INFORMATIO	N'
Location of Event: Wight St.			TE INFORMATIO	
Facilities to be use <b>(Check)</b> Facility	Street 🗸	Sidewalk	Park	City
Please attach a copy of Port-a-Jo anticipated layout of your event			greements as well as a site p	lan which illustrates the
Public entrance and exit Location of merchandising boo Location of food booths Location of garbage receptacles Location of beverage booths Location of sound stages	s	]	-Location of First Aid -Location of fire lane -Proposed route for walk/rur -Location of tents and canop -Sketch of street closure -Location of bleachers	
Location of hand washing sinks Location of portable restrooms			<ul> <li>-Location of press area</li> <li>-Sketch of proposed light po</li> </ul>	
You will be	prompted			oon submitting this forn
Describe the entertainment for t	his vear's event:	Section 4- ENTE	K TATEWIEN I	
	,			
Ve are not planning on	having live i	music, rather just	a speaker set-up. H	owever, if we do come into
/ill a sound system be used?	Yes	□ No		
yes, what type of sound system	<sup>1?</sup> N/A			
escribe specific power needs for	or entertainment a	nd/or music:		
nternal power from our	building			
ow many generators will be use	ed? 0			
low will the generators be fueled I/A	1:			

Name of vendor providing generators:		
Contact Person: N/A		
Address: N/A		Phone:N/A
City/State/ZipN/A		
	Section 5- SALES IN	FORMATION
Will there be advanced ticket sales?  If yes, please describe:	Yes No	
Will there be on-site ticket sales?	Yes No	
Will there be vending or sales?  If yes, check all that apply:	Yes 🗆 No	
✓] Food ✓] Merchandise Indicate type of items to be sold:	✓ Non-Alcoholic Beverages	Alcoholic Beverages
	ur food, merchandise, l	N/A beverage and alcoholic beverage sales.
Section 6- Pt	IBLIC SAFETY & PA	RKING INFORMATION
lame of Private Security Company.N/A		
Contact Person: N/A .ddress: N/A		Di Alia
	-	Phone:N/A
City/State/Zip: /A		
umber of Private Security Personnel Hired Pe A	er Shift:	
re the private security personnel (check all th	at apply):	
[ ] Licensed	[ ] Armed	[ ] Bonded

How will you advise attendees of parking options?
There is plenty of parking around the area. We will have our parking lot cleared out, but between all the street parking around the area, plus the structure on Jos. Campau and Wight, there should be enough for everyone.
That being said, I hope that if people are planning on drinking, they use ride services such as Uber & Lyft.

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? The only "impact" this event will have on the surrounding community is that the street will be closed for the day. The only business on the street is us, and the University Prep School on the opposite corner will be closed on Saturday.

Have local neighborho	ood groups/businesse	s approved your event?
-----------------------	----------------------	------------------------

Yes No

Indicate what steps you have or will take to notify them of your event:

Talked with local business owners about the event. No issues thus far!

### Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many? Size/Height Booth N/A N/A Tents (enclosed on 3 sides) N/A N/A Canopy (open on all sides) N/A N/A Staging/Scaffolding N/A N/A N/A Bleachers N/A

Section	9- COMPLETE ALL THAT APPLY	
Emergency medical services?		
Contact Person: N/A		
Address: N/A		
City/State/Zip: N/A		
Name of company providing port-a-johns. N/A		
Contact Person: N/A		
Address: N/A	Phone: N/A	
City/State/Zip: N/A		
Name of private catering company? Food made	le in house provided by SYSCO	
Contact Person: N/A		
Address: N/A	Phone:N/A	
City/State/Zip: N/A		

### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed are	ea for closure.	
STREET NAME: Wight Street FROM: Chene Street	TO: Jos. Campau	
CLOSURE DATES: 09/21/2019	BEG TIME: 10:00am-	
REOPEN DATE: 09/21/2019	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	_TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	то:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TTME;	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

### PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Patrick James Blair

05/07/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Atwater Date: 09/21/2019	Event	
<b>Event Organizer:</b> Patrick Blair		
Applicant Signature: Date: 05/07/2019	etingund of a theories exchance mine Patrick James Blair  ore up 50 mg 10 biz 20 bis bis 2000 200	

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# **MAYOR'S OFFICE COORDINATORS REPORT**

OVERA	LL STATUS (pl	ease c	ircle): 🕢 AP	PROVED	DENIED N/A CANCELED
Petition #: 941 Event Name: University of Detroit Mercy Homecoming					
Event Date	e Septemb	er 19	, 2019		
Street Clos	<sub>sure:</sub> None				
Organizati	on Name: Univ	ersity	y of Detroit	Mercy	
Street Add	Iress: 4001 W	/. Mc	Nichols Det	troit, MI	48221
Date of Cit Due date f Due date f	ate of the <b>COMPL</b> ty Clerk's Departme  for City Departme  for the Coordinate	mental l ents rep ors Rep	Reference Comrorts: ort to City Clerk:		
	nents (check all t			_	
Walkati		arnival/0	Circus	Concer	t/Performance Run/Marathon
Bike Ra	ace R	eligious	Ceremony	Politica	l Ceremony Festival
Filming	L Pa	arade	L		Recreation Rally/Demonstration
Firewor	rks C	onventio	on/Conference [	✓ Other:	Bike Ride, Car Show, Fun Center, Food & Beer Tent & Yard Games
24-Hou	ır Liquor Licens	e			
		Pet	ition Communi	cations (in	clude date/time)
Petition Communications (include date/time) University of Detroit Mercy will host their annual Homecoming at 4001 W. McNichols in the adjacent parking lot from 8:00am - 4:00pm.					
** ALL permits and license requirements must be fulfilled for an approval status **					
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD		<b>✓</b>		DPD Assisted Event; Contracted with U of D Mercy Security to Provide Security Services
	DFD/ EMS		$\checkmark$		Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW		<b>✓</b>		No Permits Required
	Health Dept.		$\checkmark$		Temporary Health License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>✓</b>		Barricades Required
	Recreation	<b>✓</b>			No Jurisdiction
	Bldg & Safety		<b>✓</b>		Pending Inspections for Tents, Stage Generator
	Bus. License		<b>✓</b>		Vendors License & Liquor License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of every series of every series.
	Municipal Parking	<b>V</b>			No Jurisdiction
	DDOT		<b>V</b>		No Impact on Buses

Signature: 10. Lusher	
Date:	

OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 20, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER

University of Detroit Mercy, request to hold "University of Detroit Mercy Homecoming" at University of Detroit Mercy McNichols Campus on 9/21/19 from 8am to 4pm, Set-up on 9/19/19 - 9/21/19 from noon to 8AM, Tear down following the event.

# **City of Detroit Special Events Application**

9/21/2019

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Sect	tion 1- GENERAL EVENT I	NFORMATION
Event Name: University of Detroit Mercy H	Iomecoming	
Event Location: University of Detroit Merc	cy McNichols campus	
Is this going to be an annual event? 口母・	Yes 🗆 No	
Section 2-	ORGANIZATION/APPLICA	ANT INFORMATION
Organization Name: University of Detroit N	Mercy	
Organization Mailing Address: 4001 W. Mc	Nichols, Road, Detroit, MI 48221	
Business Phone: 313.578.0327	Business Website: udn	nercy.edu
Applicant Name: Peggy Pattison		
Business Phone: 313.578.0327	Cell Phone: 734.765.3723	Email: peggy.pattison@udmercy.edu
Event On-Site Contact Person:		
Name: Peggy Pattison		
Business Phone: SAME AS ABOVE	Cell Phone:	Email:
Event Elements (check all that apply)		
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance
[ ] RuN	[ ] Bike Race	[ ] Religious Ceremony
[ ] Political Event	[ ] Festival	[ ] Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ] Convention/Conference	[ ] Fireworks	[ x] Other: Bike Ride, car show, fun center, Food and Beer tent, yard games
Please provide a brief description of y	our event:	

A variety of activities meant to attract alumni, students, faculty and staff. We will have a main stage with student performances. Also incorporated in the day: a neighborhood bike ride (about 75 people), a car show (20 – 25 cars), yard games, flag football tournament, a food and beer tent, game rentals, campus tours and carnival games.

What are the projected set-up,	event and tear down	dates and times (mus	t be complete	ed)?	
Begin Set-up Date : Sept. 19	Time: Noon	Complete Set-up Date	_	Time: 8:00 AM	
Begin det-up Date : Gept. 17	Time, Noon	Complete Set-up Date	. осрт. 21	Time. 8.00 Alvi	_
Event Start Date: Sept. 21	Time: 8:00 AM	Event End Date:	Sept. 21	Time: 4:00 PM	
Begin Tearing Down Date: Sept. 29	) Cc	mplete Tear Down Date	September 23,	2019	
Event Times (If more than one day, g	-				
Saturday, September 21 8:00 AM – 4	4:00 PM				
			~~~		
		ATION/SITE INFO	ORMATIO	DN .	
Location of Event: University of De					
Facilities to be used (circle): Stre Facility	eet	Sidewalk	Park	City	
i donney					
Please attach a copy of Port-a-John,		y Medical Agreements as	s well as a site p	olan which illustrates the	
Please attach a copy of Port-a-John, santicipated layout of your event inclu-Public entrance and exit		-Location o	f First Aid	olan which illustrates the	
Please attach a copy of Port-a-John, santicipated layout of your event inclu-Public entrance and exit -Location of merchandising booths		-Location of -Loca	f First Aid f fire lane		
Please attach a copy of Port-a-John, santicipated layout of your event inclu-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles		-Location of -Location of -Proposed re -Location o	f First Aid f fire lane oute for walk/ru f tents and cano	ın	
Please attach a copy of Port-a-John, santicipated layout of your event inclu-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages		-Location of -Location of -Proposed re -Location o	f First Aid f fire lane oute for walk/ru f tents and cano treet closure	ın	
Please attach a copy of Port-a-John, santicipated layout of your event inclu-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks		-Location of -Location of -Proposed representation of -Sketch of section of -Location of -Locati	f First Aid f fire lane oute for walk/ru f tents and cano treet closure f bleachers f press area	in pies	
Please attach a copy of Port-a-John, santicipated layout of your event inclu-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks		-Location of -Location of -Proposed representation of -Sketch of section of -Location of -Locati	f First Aid f fire lane oute for walk/ru f tents and cano treet closure f bleachers	in pies	
Please attach a copy of Port-a-John, santicipated layout of your event inclu-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks	uding the following:	-Location of -Location of -Proposed representation of -Sketch of section of -Location of -Locati	f First Aid f fire lane oute for walk/ru f tents and cano treet closure f bleachers f press area roposed light p	in pies	
Please attach a copy of Port-a-John, santicipated layout of your event inclu-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks	Section	-Location of -Location of -Location of -Location of section of -Location of -Location of -Sketch of personal design of -Sketch of personal design of -Location	f First Aid f fire lane oute for walk/ru f tents and cano treet closure f bleachers f press area roposed light p	in pies	
Please attach a copy of Port-a-John, anticipated layout of your event inclu- Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks -Location of portable restrooms  Describe the entertainment for this y	Section  vear's event: We will have	-Location of -Location of -Location of -Proposed responsed response -Location of -Location of -Location of -Sketch of proposed response re	f First Aid  f fire lane oute for walk/ru  f tents and cano treet closure  f bleachers  f press area roposed light po   TENT  with a DJ,	in pies	
Please attach a copy of Port-a-John, santicipated layout of your event inclu-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks -Location of portable restrooms	Section  vear's event: We will have	-Location of -Location of -Location of -Proposed responsed response -Location of -Location of -Location of -Sketch of proposed response re	f First Aid  f fire lane oute for walk/ru  f tents and cano treet closure  f bleachers  f press area roposed light po   TENT  with a DJ,	in pies	
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Please attach a copy of Port-a-John, santicipated layout of your event inclu- Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks -Location of portable restrooms  Describe the entertainment for this y  plus up to four student groups doing the other activities listed above.	Section vear's event: We will have dance performances. The	-Location of -Location of -Location of -Proposed responsed response -Location of -Location of -Location of -Sketch of proposed response re	f First Aid  f fire lane oute for walk/ru  f tents and cano treet closure  f bleachers  f press area roposed light po   TENT  with a DJ,	in pies	
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How many generators will be used? 3 for the in: How will the generators be fueled? Gas	flatables only		
Name of vendor providing generators:			
Contact Person: Alan Brown, Funny Business			
Rentals			
Address:P.O. Box 1052		Phone:888.593.7387	
City/State/Zip Ada, MI 49301			
	Section 5- SALES INI	ORMATION	
Will there be advanced ticket sales?	*□ No tend in advance but no tickets	re necessary	
Will there be on-site ticket sales?	*□ No		
Will there be vending or sales? ☐ ▼ If yes, check all that apply:	es 🗆 No		
[ ]X Food [ X ] Merchandise	[ X] Non-Alcoholic Beve	rages [ X ] Alcoholic Beverages	
Indicate type of items to be sold: We will have for permit in application process), merchandise from	ood and beverages from our can the campus book store	mpus caterer, plus beer and wine from outside vend	lors (liquor licens
Section 6- PUB	LIC SAFETY & PAI	KING INFORMATION	
Name of Private Security Company: Existing can	npus security will be used.		
Contact Person: Chief Joel Galihugh/Lt. Edmund			
Address:Public Safety Department, University of De	etroit Mercy	Phone: 313.993.1234	
City/State/Zip: Detroit, MI 48221			
Number of Private Security Personnel Hired Per S	Shift: N/A		
Are the private security personnel (check all that a	apply):		
[ X] Licensed	[ X] Armed	[ X] Bonded	
		er when they register, in a reminder e-mail the day	

Traffic - there will be an inc		(i.e. pedestrian traffic, sound carryover, safety)? Sound – N/A guests make their way to campus for the day's activities. nd around campus.
Have local neighborhood gro	oups/businesses approved you	ur event? □♥ Yes □ No
Indicate what steps you have	or will take to notify them o	f your event: Live6 Alliance is part of our planning
committee and is providing i	nformation to the local neigh	borhood groups along the way. We will also
provide information to the no	eighborhood groups leading u	up to the event through meetings at the police station
and through Live6 Alliance.		
	Sect	ion 8- EVENT SET-UP
Complete the appropriate category	ories that apply to the event S	tructure
	How Many?	Size/Height
		OIZO/TICISIT
Booth		0120 Holgin
Booth Tents (enclosed on 3 sides)		
		30 x 60, 20 x 20, 20 X 20, 15 x 15
Tents (enclosed on 3 sides)		
Tents (enclosed on 3 sides) Canopy (open on all sides)		30 x 60, 20 x 20, 20 X 20, 15 x 15
Tents (enclosed on 3 sides)  Canopy (open on all sides)  Staging/Scaffolding	4 1	30 x 60, 20 x 20, 20 X 20, 15 x 15 10 x 10 x 12 inches
Tents (enclosed on 3 sides)  Canopy (open on all sides)  Staging/Scaffolding	4 1	30 x 60, 20 x 20, 20 X 20, 15 x 15
Tents (enclosed on 3 sides)  Canopy (open on all sides)  Staging/Scaffolding  Bleachers	41Section 9- COMI	30 x 60, 20 x 20, 20 X 20, 15 x 15 10 x 10 x 12 inches
Tents (enclosed on 3 sides)  Canopy (open on all sides)  Staging/Scaffolding  Bleachers  mergency medical services?	41Section 9- COMI	30 x 60, 20 x 20, 20 X 20, 15 x 15 10 x 10 x 12 inches
Tents (enclosed on 3 sides)  Canopy (open on all sides)  Staging/Scaffolding  Bleachers  mergency medical services?  ontact Person: Hart EMS Medical	41Section 9- COMI	30 x 60, 20 x 20, 20 X 20, 15 x 15 10 x 10 x 12 inches
Tents (enclosed on 3 sides) Canopy (open on all sides) Staging/Scaffolding Bleachers  mergency medical services? ontact Person: Hart EMS Medical didress: 920 Bagley Suite 912 tty/State/Zip: Detroit, MI 48226	4	30 x 60, 20 x 20, 20 X 20, 15 x 15  10 x 10 x 12 inches  PLETE ALL THAT APPLY
Tents (enclosed on 3 sides) Canopy (open on all sides) Staging/Scaffolding Bleachers  mergency medical services? ontact Person: Hart EMS Medical didress: 920 Bagley Suite 912 ty/State/Zip: Detroit, MI 48226	4	30 x 60, 20 x 20, 20 X 20, 15 x 15  10 x 10 x 12 inches  PLETE ALL THAT APPLY
Tents (enclosed on 3 sides)  Canopy (open on all sides)  Staging/Scaffolding  Bleachers  mergency medical services?  ontact Person: Hart EMS Medical didress: 920 Bagley Suite 912  ty/State/Zip: Detroit, MI 48226  ame of company providing portontact Person:	4	
Tents (enclosed on 3 sides) Canopy (open on all sides) Staging/Scaffolding Bleachers  mergency medical services? ontact Person: Hart EMS Medical didress: 920 Bagley Suite 912 ty/State/Zip: Detroit, MI 48226	4	30 x 60, 20 x 20, 20 X 20, 15 x 15  10 x 10 x 12 inches  PLETE ALL THAT APPLY

Address: 4001 W. McNichols Road	Phone:313.993.1683
Address, 4001 W. Michighors Road	Filolic.313.993.1083

#### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.** 

Attach a map or sketch of the propo	osed area for closure. No street closures	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	_END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES;	BEG TIME;	_ END TIME:
REOPEN DATE:	TIME	

PI	LE/	ASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:
	1)	CERTIFICATE OF INSURANCE
2	2)	EMERGENCY MEDICAL AGREEMENT
;	3)	SANITATION AGREEMENT - N/A
	4)	PORT-A-JOHN AGREEMENT - N/A
	5)	COMMUNITY COMMUNICATION - N/A
_		
_		
_		
_		

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Peagy Pattism	cole 19	
Signature of Applicant	Date	

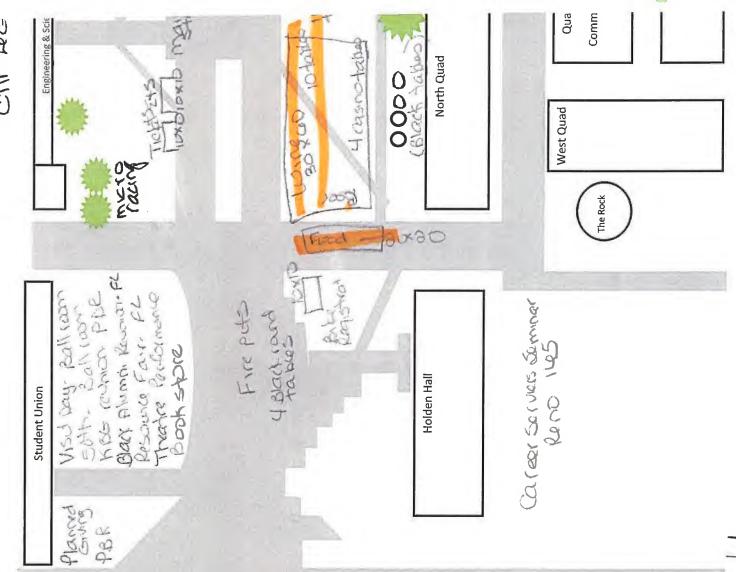
NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)	
Event Name:	Event Date:
Event Organizer:	
Applicant Signature:	Date:



5/31/19



## HART EMS MEDICAL SERVICES PLLC

## 920 Bagley, Suite 912 Detroit, MI 48226

Phone 313-366-4278 Fax 313-216-1771

June 5, 2019

This is to confirm that HART EMS MEDICAL SERVICES PLLC (HART) will provide on-site medical service for University of Detroit Mercy; Homecoming Weekend Festival at University of Detroit Mercy College Campus at 4001 West McNichols Road in Detroit, MI on the following date(s) and time(s):

Saturday September 21, 2019

HART EMS MEDICAL SERVICES PLLC will provide these on-site standby services:

Two (2) Medical Providers @ 35.00 ea/hr 11:00am - 4:00pm five (5) hrs.

Total cost for coverage: \$350.00 FOR THE ABOVE HOURS

\*\* Should the event run longer than contracted, additional cost will be added\*\* University of Detroit Mercy College will provide:

- Appropriate location for Ambulance parking with egress route
- Any necessary credentials
- Parking Passes and/or reimbursement for HART EMS MEDICAL SERVICES PLLC staff vehicles
- Bathroom Facilities
- Contact Person name
- Ice & Water for patient use
- Access to telephone services

It is understood that with no ambulance on site, there is no guarantee of ambulance response times and the Detroit Emergency Medical Services 911 System will be utilized in case of an emergency transport. It is understood that all on-site medical facilities and ambulances have a limited capacity and should other emergency resources be called in by mutual agreement of both HART and University of Detroit Mercy that HART will be held harmless for any overtaxing of its resources and will not be held responsible for other costs incurred. It is further understood that the request for services: the number of personnel, starting and ending times to be on-site, is as outlined above and designed by University of Detroit Mercy. HART assumes no responsibility for the planning, accuracy and /or outcome of same. Should the request for transport result in overtaxing of resources contracted for, HART will, at its' discretion, call for transport via city or private provider. HART assumes no responsibility for availability or response capabilities of outside ambulance services. It is understood by the parties that HART is held accountable for medical treatments by the governing county agencies and must adhere to all policies and procedures pertaining to medical provision. HART, its staff, and agents shall be held harmless for any incidents arising from this event. Furthermore any treatment provided by other contracted, volunteer agencies or employees will not be the responsibility of HART and will be held harmless for any liability resulting in treatment by other agencies, either contracted or volunteered. Premature termination of the event shall not result in discount or refund of any kind from HART. Payment is immediately due upon receipt of Invoice.

AGREED:

Adam Gottlieb HART EMS MEDICAL SERVICES PLLC Authorized Signatory
University of Detroit Mercy

- ce/ce/19



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/4/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to					require an endorsemen	t. A sta	tement on	
PRODUCER			CONTACT Christian Brothers Services					
Artex Risk Solutions, Inc. (CB)			PHONE (A/C, No. Ext): 800-807-0300 (A/C, No. Ext): 800-807-0300					
2850 Golf Road, 5th Floor Rolling Meadows IL 60008-4050			E-MAIL					
			ADDRESS:	OUDED/C: ASS	DING COVERAGE		NAIC#	
			INSURER(s) AFFORDING COVERAGE INSURER A : Pennsylvania Manufacturers Assoc Ins Co					
INSURED	CHRIBRO	D-14		ivania_ivianuta	cturers Assoc Ins Co		12262	
Brothers of the Christian Schools & Aff			INSURER B :			-		
Loc #1191031 UNIVERSITY OF DETROIT MERCY			INSURER C:					
1205 Windham Parkway Romeoville IL 60446-1679			INSURER D:					
Romeoville IL 60446-1679			INSURER E :		*			
			INSURER F:					
THIS IS TO CERTIFY THAT THE POLICIES	COVERAGES CERTIFICATE NUMBER: 903660259				REVISION NUMBER:			
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH	QUIREI PERTAI POLICIE ADDLISU	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE JBR	OF ANY CONTRACT	T OR OTHER I ES DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO W O ALL TH	HICH THIS	
A X COMMERCIAL GENERAL LIABILITY	INSD W	821900 0998922	6/15/2019	6/15/2020		\$ 2,000,0	00	
		321000 0000022	0/13/2019	0,1012020	DAMAGE TO RENTED			
CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$ Include	u	
					MED EXP (Any one person)	\$ 15,000		
					PERSONAL & ADV INJURY	\$ Include	a	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	s N/A		
TOLIOT JECT LOO					PRODUCTS - COMP/OP AGG	\$ Include	d	
OTHER:					COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIABILITY					(Ea accident)	\$		
ANY AUTO OWNED SCHEDULED		1			BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS NON-OWNED		1			BODILY INJURY (Per accident) PROPERTY DAMAGE	_		
AUTOS ONLY AUTOS ONLY					(Per accident)	\$		
						\$		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
DED RETENTION \$						\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	s		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	S		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACC	ORD 101, Additional Remarks Schedu	ile, may be attached if mo	re space is require	ad)			
Evidence of coverage for University of Detro	oit Hom	ecoming event to be held Se	ptember 21, 2019, p	er times agree	ed upon.			
CERTIFICATE HOLDER			CANCELLATION					
CERTIFICATE HOLDER						_		
0" (5 ; "				N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.			
City of Detroit 2 Woodward Avenue, Ste.	208							
Detroit MI 48226	200		AUTHORIZED REPRESE	NTATIVE				
			/ 1. /					

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78

# **MAYOR'S OFFICE COORDINATORS REPORT**

OVERAL	L STATUS (pl	ease c	ircle): 🗸 AP	PROVED	DENIE	O N/A CANCELED		
Petition #:	944	Eve	ent Name: 2nd	Annual D	etroit Truck	Pull Presented by Kroger		
Event Date	August 10	0, 201	19					
Street Clos	sure: Charlot	te Str	eet					
	on Name: Four			0.				
•	ress: 456 Ch				48201			
Date of Cit	ite of the <b>COMPL</b> y Clerk's Departron or City Departmentor the Coordinato	mental f ents rep	Reference Comn orts:					
Event Elen	nents (check all t	hat app	ly):					
Walkati	non C	arnival/(	Circus	Concer	t/Performance	Run/Marathon		
Bike Ra	ace R	eligious	Ceremony [	Politica	l Ceremony	Festival		
Filming	Pa	arade	[		Recreation	Rally/Demonstration		
Firewor	ks C	onventi	on/Conference	✓ Other:	Truck Pull	Fundraiser		
24-Hou	r Liquor Licens	е						
		Pet	ition Communi	cations (in	clude date/time			
	pm - 4:00pm; w	l host t	heir annual Tru	ck Pull to	raise fund for N	Move for Hunger een Cass Avenue and 456		
Date	** <u>ALL</u> perm Department	its and i	icense requirem APPROVED	ents must b		approval status **		
Dute	DPD		✓		DPD will Provide Special Attention; Contracted with Founders Taproom Security to Provide Private Security Services			
	DFD/ EMS		<b>✓</b>		Contracted w Private EMS	ith Hart Medical to Provide Services		
	DPW		$\checkmark$		ROW Permit	Required		
	Health Dept.		$\checkmark$		No F	Permit Required		

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>V</b>		Type III Barricades & Road Closure Signage Required
	Recreation	<b>✓</b>			No Jurisdiction
	Bldg & Safety		$\checkmark$		No Permits Required
	Bus. License		<b>✓</b>		No Permits Required
	Mayor's Office		$\checkmark$		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of ever
	Municipal Parking		<b>✓</b>		No Parking Signs Required
	DDOT		<b>√</b>		No Impact on Buses

MAYOR'S OFFICE	
Signature: B. Lusher	
Date:	

entrance/Entres · A 10x10 tents

Cass pue

Cass Mie

Coss Mic

Charlotte St

Move for Hunger 2<sup>nd</sup> Annual Truck Pull at Founders Taproom Detroit

Saturday, August 10<sup>th</sup> 12pm-4pm

Expected Attendance: 200-400 guests

Sidewalk/Street Closure Timeframe: 9:30am - 5pm

Event location: Founders Detroit Taproom, Patio, and half of Charlotte St. between Cass and Second Ave.

What is a Truck Pull? A family-friendly event where teams of 5-10 compete to see who could pull a moving truck in the fastest time. This event is a fundraiser for Move for Hunger, who works with the relocation industry to reduce food waste and fight hunger during the moving process. Last year's event took place in Eastern Market and attracted around 300 people.

Tickets will be sold in advance and on-site at the cost of \$200 per team of 10 people.

Street Closure Measurement: 294 ft. by 19ft

#### Structures:

Four to six 10x10 tents for:

- Check in and registration
- Two iHeart Radio Stations
- Merch
- Possible partner/sponsor promotional tents

One 26 ft. moving truck

#### Security Plan/Logistics:

- Fire lane will be kept open
- Event is rain or shine in case of bad weather, guests will be asked to take shelter in the Founders Detroit Taproom.
- Each participant will sign a waiver as part of their event registration on-site.
- Moving truck will be at least 100 feet from barricade
- Move For Hunger Staff will secure the rope to the truck
- Move For Hunger Staff will discuss the rules with all participants before the event begins
- Move For Hunger Staff will walk within eye-shot of the driver to ensure an extra set of eyes while the truck is being pulled
- Move For Hunger Staff will walk behind the truck when reversing to ensure nobody walks into a blind spot
- Move For Hunger Volunteers will assist in ensuring no alcoholic beverages are taken into the street or off Founders' premises
- Founders Staff will be checking IDs for anyone consuming alcoholic beverages
- Founders to supply security, Move for Hunger will supply volunteers as well

# City of Betroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

Friday, June 21, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Founders Brewing Co., request to hold "2nd Annual Detroit Truck Pull Presented by Kroger" at 456 Charlotte St. on 8/10/19 @12pm - 4pm, Set-up same day of event @ 9:30am - 12pm, Tear down after event, street closure on Charlotte St, between Cass - Founders Brewing Entrance

# **City of Detroit Special Events Application**

8/10/2019 #944

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Sec	ction 1- GENERAL EVEN	T INFORMATION
Event Name: 2nd Annual Detroit T	ruck Pull Presented by Krog	ger
Event Location: Founders Brewing	Co. 456 Charlotte St. Detro	oit, MI 48201
Is this going to be an annual event?	Yes 🗆 No	
Section 2-	ORGANIZATION/APPL	ICANT INFORMATION
Organization Name: Founders Brew	ing Co.	
Organization Mailing Address: 456 Cha	arlotte St. Detroit, MI 48201	
Business Phone: 313-335-3440	Business Website; W	ww.foundersbrewing.com
Applicant Name: Lauren Metcalf		
Business Phone: 313-335-3422	Cell Phone: 313-580-1915	metcalfl@foundersbrewing.com
Event On-Site Contact Person:		
Name: Lauren Metcalf		
Business Phone: 313-335-3422	Cell Phone: 313-580-1915	Email: metcalfl@foundersbrewing.com
Event Elements (check all that apply)		
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
[ ] Political Event	[ ] Festival	[ ] Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ] Convention/Conference	[ ] Fireworks	Other: Truck Pull Fundraiser
Projected Number of Attendees: 200		
Please provide a brief description of A Truck Pull is when teams of 5 event also incudes a radio stat	-10 people compete to pul	a moving truck in the fastest time. This es with approximately 300 people in

attendance. This event is a fundraiser for the national nonprofit, Move For Hunger, who works with the

relocation industry to reduce food waste and fight hunger during the moving process.

Begin Set-up Date 08/10/19	Time:9:30am	Complete Set-up Date:	08/10/19	Time:12:00pm	
Event Start Date:08/10/19	Time:12:00pm	Event End Date: 08/1	0/19	Time:4:00pm	
Begin Tearing Down Date:08/10	/19	Complete Tear Down I	Date:08/10/19		
ivent Times (If more than one day, 2pm-4pm	give times for each da	y):			
	Section 3- LO	CATION/SITE I	NFORMATION		
ocation of Event: Founders B	rewing Compan	y Detroit Taproom	1		
Facilities to be use(Check) St	reet 🗸	Sidewalk 🗸	Park	City	
Please attach a copy of Port-a-John, anticipated layout of your event inc		gency Medical Agreemer	its as well as a site plan	which illustrates the	
Public entrance and exit			on of First Aid		
Location of merchandising booths  Location of food booths			on of fire lane ed route for walk/run		
Location of garbage receptacles Location of beverage booths			on of tents and canopie of street closure	S	
·Location of sound stages		-Locatio	on of bleachers		
Location of hand washing sinks Location of portable restrooms		<ul> <li>-Location of press area</li> <li>-Sketch of proposed light pole banners</li> </ul>			
•	rompted to u			on submitting this forn	
	Secti	on 4- ENTERTAI	NMENT		
Describe the entertainment for this	year's event:				
Radio Station					
Vill a sound system be used?	Yes No				
f yes, what type of sound system?	Radio Station				
Describe specific power needs for e		usic:			
All sound will be plugged	into Founders Ta	aproom Patio elec	trical		
How many generators will be used?					
tow many generators will be used:			_		
How will the generators be fueled?					

Name of vendor providing generators:	
Contact Person:	
Address:	Phone:
City/State/Zip	
Sec	etion 5- SALES INFORMATION
Will there be advanced ticket sales? Yes If yes, please describe:	□ No
Will there be on-site ticket sales? Yes If yes, list price(s):	□ No
Will there be vending or sales?	No No
[] Food [] Merchandise [] I	Non-Alcoholic Beverages [ ] Alcoholic Beverages
Indicate type of items to be sold:	
Registration will be collected online p	prior to event and on-site ticket sales will be \$200 per team.
	C.C.I. SEMBEL A. B.I. E. P. F.
	C SAFETY & PARKING INFORMATION
Name of Private Security Company Founders Ta	aproom existing security will be used
Contact Person:	
Address:	Phone:
City/State/Zip:	
Number of Private Security Personnel Hired Per Shift	<u>ì:</u>
Are the private security personnel (check all that appl	ly):
[ ] Licensed	[ ] Armed [ ] Bonded

How will you advise attendees of parking options? Email notification

#### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Closure of part of Charlotte St.

Yes

☐ No

Indicate what steps you have or will take to notify them of your event: E-mail, phone calls

#### Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many?

Size/Height

**Booth** 

Tents (enclosed on 3 sides)

Canopy (open on all sides)

3-4

10x10

Staging/Scaffolding

Bleachers

### Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?** 

Contact Person: Founders Tap Room (restaurant/bar) to provide indoor facilities

Address: 456 Charlotte St.

City/State/Zip: Detroit, MI 48201

Name of company providing port-a-johns. Founders Tap Room (restaurant/bar) to provide indoor facilities

Contact Person: Lauren Metcalf

Address: 456 Charlotte St.

Phone: 313-335-3422

City/State/Zip: Detroit, MI 48201

Name of private catering company? Founders Tap Room (restaurant/bar) to provide indoor facilities

Contact Person: 456 Charlotte St.

Address: 456 Charlotte St.

Phone:313-335-3422

City/State/Zip: Detroit, MI 48201

#### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area t	or closure.				
STREET NAME: Charlotte St. Detroit	, MI 48201	_			
FROM: Cass St.	TO: Founders Brewing Co. Main Entrance				
CLOSURE DATES: 08/10/19	BEG TIME: 9:00am-	END TIME:			
REOPEN DATE: 08/10/19 5:00pm					
STREET NAME:		-			
FROM:	TO:				
CLOSURE DATES:	BEG TIME:	END TIME:			
REOPEN DATE:	TIME:				
STREET NAME:					
FROM:	TO:				
CLOSURE DATES:	BEG TIME:	END TIME;			
REOPEN DATE:	TIME:				
STREET NAME:					
FROM:	TO:				
CLOSURE DATES:	BEG TIME:	END TIME:			
REOPEN DATE:	TIME:				
STREET NAME:		_			
FROM:	TO:				
CLOSURE DATES:	BEG TIME;	END TIME:			
REOPEN DATE:	TIME:				

#### PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit

Line	10.00	of the Taxonia		
X	Paur.	en C	Met	calf

06/07/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Move For Hunger Truck Pull 2019	Event
Date: August 10, 2019	
Event Organizer: Lauren Metcalf	
Applicant Signature:  Cauren Metcalf  Key wastesstunderwassassassassassassassassassassassassass	

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# **MAYOR'S OFFICE COORDINATORS REPORT**

OVERAL	LL STATUS (pl	ease c	ircle): 🕢 AP	PROVED	DENIED N/A CANCELED
Petition #:	947	Eve	ent Name: St. J	loseph (	Oktoberfest
Event Date	Septemb	er 21	- 22, 2019		
Street Clos	sure: None				
Organizati	on Name: St. J	losep	h Oratory		
Street Add	ress: 1828 Ja	ay Str	eet Detroit,	MI 482	07
Date of Cit Due date f	nte of the <b>COMPL</b> by Clerk's Departr or City Departme or the Coordinato	mental F nts repo	Reference Comn orts:		
Event Elen	nents (check all t	hat app	ly):		
Walkath	non C	arnival/0	Circus	Concer	t/Performance Run/Marathon
Bike Ra	ace 🔽 R	eligious	Ceremony [	Politica	l Ceremony Festival
Filming	Pa	arade		Sports/	Recreation Rally/Demonstration
Firewor	ks C	onventio	on/Conference	Other:	
24-Hou	r Liquor Licens	е			
		Dot	ition Communic	nationa (in	plude data/time)
	seph Oratory w I the adjacent pa	ill host	their annual Ok	toberfest v	with family friendly activities at 1828 Jay
	** ALL perm	its and I	icense requirem	ents must b	ne fulfilled for an approval status **
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD		$\checkmark$		Contracted with Granco Security to Provide Private Security Services
	DFD/ EMS		<b>✓</b>		No Permits Required
	DPW		<b>V</b>		No Permits Required
	Health Dept.		$\checkmark$		Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<b>V</b>			No Jurisdiction
	Recreation		<b>V</b>		No Jurisdiction
	Bldg & Safety		V		Permits Required for Tents & Stages
	Bus. License		<b>V</b>		Vendors License & Liquor License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of event
	Municipal Parking	<b>✓</b>			No Jurisdiction
	DDOT		<b>✓</b>		No Impact on Buses
AYOR'S	S OFFICE			, l	
anature	B. Du	ohia			

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Friday, June 21, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING

947 St. Joseph Oratory, request to hold "St. Joseph Oktoberfest" @ 1828 Jay Street on 9/21/2019 from 5pm - 8pm, Set-up before event from 9am - 5pm, tear down on 9/22/19 -9/23/19,.

# **City of Detroit Special Events Application**

# 947

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

S	ection 1- GENERAL EVEN	TINFORMATION		
Event Name: St. Joseph Oktober	fest			
Event Location: 1828 Jay Street,	Detroit, MI 48207			
Is this going to be an annual event?	Yes			
Section	2- ORGANIZATION/APPL	LICANT INFORMATION		
Organization Name: St. Joseph Organi	atory			
Organization Mailing Address: 1828 J	ay Street, Detroit, MI 48207			
Business Phone: 313.784.9152	Business Website; V	ww.stjosephoratory.org		
Applicant Name: Rev. Canon Michael Stein				
773.571.7440 Business Phone:	773.571.7440 Cell Phone:	sjdetroit@institute-christ-king.org		
Event On-Site Contact Person:				
Name:Julie Parthum				
Business Phone: 313.300.3382	Cell Phone: 313.300.3382	Email: julie_parthum@hotmail.com		
Event Elements (check all that apply)				
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance		
[ ] Run/Marathon	[ ] Bike Race	[✔] Religious Ceremony		
[ ] Political Event	[ Festival	[ ] Filming		
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration		
[ ] Convention/Conference	[ ] Fireworks	[ ] Other:		
Projected Number of Attendees: 10	000			
Please provide a brief description o	f your event:	ndly festival in the church parking lot, social		

hall, and church building. It includes bands, dancers, food, drink, church tours, and kids games.

What are the projected set-up, event and tear down dates and times (must be completed)?				
Begin Set-up Date 09/21/2019	Time: 09:00	Complete Set-up Date: 0	9/21/2019	Time:5:00 pm
Event Start Date:09/21/2019	Time:5:00	Event End Date: 09/22	/2019	Time:8:00 pm
Begin Tearing Down Date:09/22/2	019	Complete Tear Down Da	te:09/23/2019	
Event Times (If more than one day, gi Saturday, 9/21/19: 5pm-8pi	ve times for each d n and Sunda	<sup>ay):</sup> y, 9/22/19: 12:30 pr	n - 8pm	
	Section 3- LC	CATION/SITE IN	FORMATION	N
Location of Event: St. Joseph Ch	urch, Hall, &	Parking lot; 1828 Jay	Street, Detr	oit, MI 48207
Facilities to be use(Check) Stree Facility		Sidewalk 🗸	Park	City
Please attach a copy of Port-a-John, Sa anticipated layout of your event include	initation, and Emer ing the following:	gency Medical Agreements	as well as a site pla	an which illustrates the
-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks -Location of portable restrooms		-Location -Proposed -Location -Sketch of -Location -Location -Location	of First Aid of fire lane route for walk/run of tents and canopi street closure of bleachers of press area proposed light pole	ies
You will be pro		pload these atta	chments up	on submitting this form
Describe the entertainment for this year		on 4- ENTERTAIN	MENT	
Jazz band, German band ar	d dancers			
Will a sound system be used?	Yes 🗆 No			
If yes, what type of sound system? Eac	h band will br	ing their own		
Describe specific power needs for enter				
N/A				
How many generators will be used? —			1	
How will the generators be fueled?				

Name of vendor providing generators:			
Contact Person:			
Address:		Phone:	
City/State/Zip			
	Section 5- SALES INF	ORMATION	
Will there be advanced ticket sales?  If yes, please describe:	Yes No		
Will there be on-site ticket sales? If yes, list price(s):	Yes 🗆 No		
Will there be vending or sales? If yes, check all that apply:	Yes 🗆 No		
	Non-Alcoholic Beverages	[ Alcoholic Beverages	
Indicate type of items to be sold:			
Religious articles			
Section 6-1	PUBLIC SAFETY & PAR	KING INFORMATION	
Name of Private Security Company.Gran	co Security		
Contact Person: Corey Granco			
Address:24801 Five Mile Road, Su	uite 11	Phone:734.780.1880	
Total Inc House, De		1 Holic./ 34, 760, 1860	
City/State/Zip: ledford Township, MI 48239			_
Number of Private Security Personnel Hirec	1 Per Shift:		
Are the private security personnel (check al	I that apply):		
[ ] Licensed	[ ] Armed	[ ] Bonded	
		-	

How will you advise attendees of parking options? Signage and volunteers

# Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Somewhat more traffic than usual; visual sights of the festival

Have local neighborhood	groups/businesses approved you	r event?	
Indicate what steps you h The surrounding pr for parking.		f your event: rout the festival and have given us permis	ssion to use their lots
	Secti	ion 8- EVENT SET-UP	
Complete the appropriate cat	egories that apply to the event S	tructure	
	How Many?	Size/Height	
Booth			
Tents (enclosed on 3 sides)	1	80×100	
Canopy (open on all sides)	4	20x40, 30x40, 20x20, 10x10 (2)	
Staging/Scaffolding	1	12x40	
Bleachers			
	Section 9- COME	PLETE ALL THAT APPLY	
Emergency medical services?			
Contact Person: N/A			
Address:			
City/State/Zip:			
Name of company providing p	ort-a-johns.Parkway Serv	ices, Inc.	
Contact Person: Parkway Se	rvices		
Address: 2876 Tyler Road		Phone: 734.482.7633	
City/State/Zip: Ypsilanti, MI	48198		
Name of private catering com	pany? N/A		
Contact Person:			
Address:		Phone:	
City/State/Zip:			

#### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.		
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME;	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

#### PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

will provide and Street Association Street
Michael Stein
May a Spice I Morte to the Extendition of Spice 1990 PM

06/03/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: St. Jose	ph Oktoberfest	Event
Date:06/03/2019		
Event Organizer: Rev. Canon Michael S	11/05/1 20 1 10	
Applicant Signature: Date: 06/03/2019	Michael Stein	



# **MAYOR'S OFFICE COORDINATORS REPORT**

OVERALL STATUS (please circle):   APPROVED DENIED N/A CANCELED						
Petition #: 958 Event Name: Detroit Free Press Wine & Food Experience						
Event Dat	e : Septemb	er 14	, 2019			
Street Clo	<sub>sure:</sub> Cadillad	c Squ	are & Brus	h Street		
Organizati	ion Name: Detr	roit 30	00 Conserv	ancy		
Street Add	dress: 1 Camp	pus N	lartius Suite	e 380 D	etroit, MI 48226	
Receipt da	ate of the COMPL	ETED	Special Events A	Application:		
	ty Clerk's Depart for City Departme			nunication:		
	for the Coordinate					
Event Eler	ments (check all t	that app	oly):			
Walkat	hon C	arnival/	Circus [	Concer	rt/Performance Run/Marathon	
Bike Ra	ace R	eligious	Ceremony [	Politica	l Ceremony Festival	
Filming	P	arade	[	Sports/	Recreation Rally/Demonstration	
Firewoo	rks C	onventi	on/Conference	<b>√</b> Other:	Wine & Food Event	
24-Hou	ır Liquor Licens	e	•			
LICA Toda			tition Communi			
with tempo	orary street clos	srd Ann sures o	iual Wine & Foo n Cadillac Squa	od Event fr are & Bate:	rom 11:00am - 4:00pm at Cadillac Square; s.	
			·			
<b>D</b> 1	** ALL perm	its and	license requirem	ents must b	pe fulfilled for an approval status **	
Date	Department	N/A	APPROVED	DENIED	Additional Comments	
	DPD		<b>V</b>		DPD will Provide Special Attention; Contracted with Eagle Security to Provide Private Security Services	
	DFD/ EMS		<b>✓</b>		Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services	
	DPW ROW Permit Required for Street Closures					
	Health Dept.		<b>✓</b>		Temporary Food License Required	

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>V</b>		Type III Barricades & Road Closure Signage Required
	Recreation		<b>V</b>		Application Received & Approved as Presented
	Bldg & Safety		<b>V</b>		Permits Required for Tents, Generators & Staging
	Bus. License		<b>√</b>		Vendors License & Liquor License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking		<b>✓</b>		Purchase of Parking Meters & No Parking Signs Required
	DDOT		<b>✓</b>		No Impact on Buses

Signature: 18. Ausher	
Date: 7-11-19	

Janice M. Winfrey
City Clerk

Caven West

Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Monday, June 24, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Detroit Conservancy, request to hold "Detroit Free Press Wine & Food Experience" at Cadillac Square Park, on 9/14/19 @11am to 4pm, Set-up on 9/12-9/14/19 @6am - 11 am, Tear down on 9/14-9/15/19, Street Closure on Cadillac Square, East & Westbound, Woodward - Randolph.

# City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Se	ction 1- GENERAL EVEN	T INFORMATION
Event Name: Detroit Free Press V	line & Food Experience	
Event Location: Cadillac Square Pa	ark, 662 Woodward Ave, De	troit, MI 48226
Is this going to be an annual event?	Yes 🗆 No	
Section 2	- ORGANIZATION/APPL	ICANT INFORMATION
Organization Name: Detroit 300 Co	nservancy	
Organization Mailing Address: 1 Camp	ous Martius, Suite 380, Det	roit, MI 48226
Business Phone: 313-715-9944	Business Website:	DowntownDetroitParks.com
Applicant Name: Heather Badrak		
Business Phone: 313-715-9944	Cell Phone: 313-715-9944	hbadrak@detroit300.org
Event On-Site Contact Person:		
<sub>Name:</sub> Vittoria Horne		
Business Phone: 775-750-8543	Cell Phone: 775-750-8543	Email: vittoria@r-entertainment.com
Event Elements (check all that apply)		
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
[ ] Political Event	[ ] Festival	[ ] Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ] Convention/Conference	[ ] Fireworks	Other: Wine & Food Event
Projected Number of Attendees: 750 Please provide a brief description of Showcasing the best food, wine	your event:	ational chefs.

Begin Set-up Date 09/12/2019	Time:6a	Complete Set-up Date: 09/14/20	19 Time:11a
Event Start Date: 09/14/2019	Time:11a	Event End Date: 09/14/2019	Time:4p
Begin Tearing Down Date:09/14/2	019	Complete Tear Down Date: 09/15	/2019
Event Times (If more than one day, ginnoon - 4p	ve times for each	day):	
	Sootlan 3 I	ACATIAN/CITE INCADA	TION
	1011	OCATION/SITE INFORM	48226 (Woodward to Randolph)
Facilities to be use(Check) Stree			rk 🗸 City
Please attach a copy of Port-a-John, Sa anticipated layout of your event include	mitation, and Eming the following	ergency Medical Agreements as well as g:	a site plan which illustrates the
-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages		-Location of First A: -Location of fire lan -Proposed route for -Location of tents ar -Sketch of street clo -Location of bleache	e walk/run id canopies sure
-Location of hand washing sinks -Location of portable restrooms		-Location of press ar -Sketch of proposed	ea
You will be pro		upload these attachmer	ts upon submitting this form
Describe the entertainment for this yea		tion 4- ENTERTAINMENT	
·			
Culinary extravaganza of foo	od, wine bee	er and spirits from the best o	hefs. Enjoy chef demonstrations and
Will a sound system be used?	Yes 🗆 N	o	
f yes, what type of sound system? 2-4	speakers p	er large tent excluding Marth	na Stewart Tent
Describe specific power needs for enter			
Power for cooking demonstr	ations and o	classroom lesson using park	power inside park. Generators in
How many generators will be used? [3	) 56Kw		
Now will the generators be fueled?			

Name of vendor providing generators:			
Contact Person: Sunbelt			
Address: 5162 Akron Cleveland Ro	4	Phone:330-650-1874	
City/State/ZipPeninsula, OH 44264			
	Section 5- SALES INFO	ORMATION	
Will there be advanced ticket sales?  If yes, please describe:	es □ No		
Will there be on-site ticket sales?  If yes, list price(s):	Yes No		
Will there be vending or sales?	Yes No		
[ ] Food [ ] Merchandise	[ ] Non-Alcoholic Beverages	[ ] Alcoholic Beverages	
Indicate type of items to be sold:			_
On-line tickets \$50 General Tast \$85 General Tasting, \$140 VIP Ta	ing, \$120 VIP Tasting, \$1 asting, \$180 Chef Packag	80 Chef Package ge	
Section 6- PU	BLIC SAFETY & PARI	KING INFORMATION	
lame of Private Security Company Eagle S	ecurity		
Contact Person: Matt Warner			
ddress:500 Griswold, Suite 400		Phone:734-306-4871	
City/State/Zip: etroit. MI 48226			
umber of Private Security Personnel Hired Pe 2 Event officers	er Shift:		
	at apply):		
re the private security personnel (check all tha	* * * * *		

How will you advise attendees of parking options? Website

# Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Road Closure on Cadillac Square

Have local neighborhood groups/businesses approved your ev	ent?
------------------------------------------------------------	------

Yes 🗆 No

Indicate what steps you have or will take to notify them of your event: Notifying tenants through property managers.

# **Section 8- EVENT SET-UP**

Complete the appropriate categories that apply to the event Structure

How Many?

Size/Height

Booth

(62)

 $10' \times 10'$ 

Tents (enclosed on 3 sides)

(1) each

30'x40', 30'x30, 40'x40'

Canopy (open on all sides)

(1)

10'x20'

Staging/Scaffolding

Bleachers

City/State/Zip:

#### Section 9- COMPLETE ALL THAT APPLY

Section / COM EET		
Emergency medical services?		
Contact Person: Adam Gotlieb, Hart Medical		
Address: 220 Bagley, suite 912		-
City/State/Zip: Detroit, MI 48226		
Name of company providing port-a-johns. John's Sanitation		
Contact Person: Daniel Docis		
Address:	Phone:: 248-437-0841	
City/State/Zip:		
Name of private catering company? N/A		
Contact Person:		
Address:	Phone:	

### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed ar		
STREET NAME: Cadillac Square, E	Eastbound & Westbound	
FROM: Woodward	Randolph	
CLOSURE DATES: 9/12 - 9/15	BEG TIME: 6a	END TIME:
REOPEN DATE: 9/16, noon	TIME:	
STREET NAME:		<u>8 -</u> 0
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

### PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Heather Badrak

06/15/2019

Signature of Applicant

Date

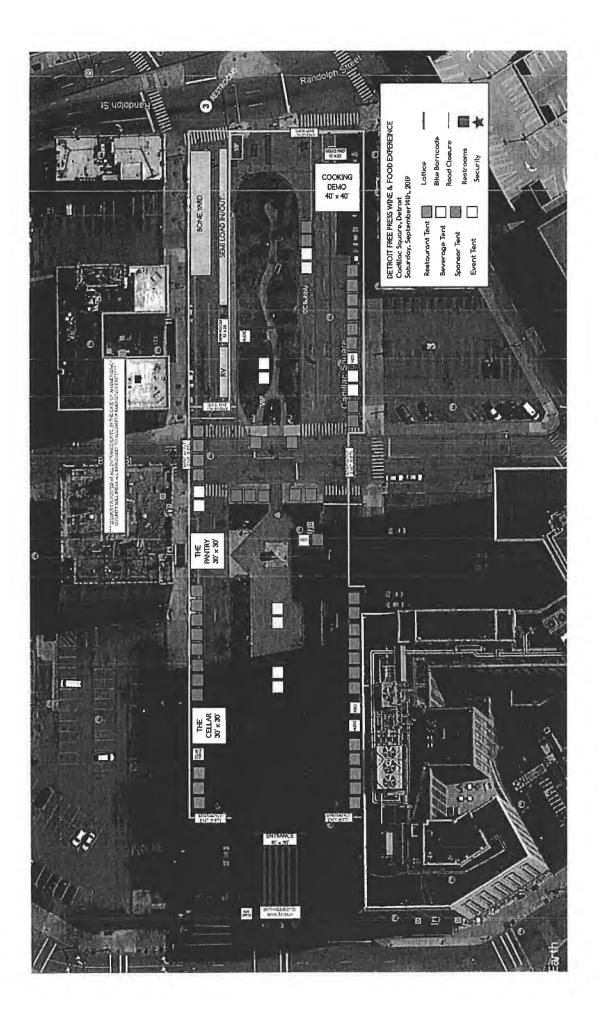
NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Detroit I	Event	
Date: September 14,	2019	
Event Organizer: R-Entertainment and	Downtown Detroit Partnership	
Applicant Signature:  Date: 06/15/2019	ettymilis tearinstrum Heather Badrak  sugi 23that 1900366443444724428130798	







# MAYOR'S OFFICE COORDINATORS REPORT

OVERA	LL STATUS (p	lease d	circle): 🗸 AF	PPROVED	DENIED	N/A CANCELED			
Petition #	481	Ev	ent Name: Fou	ırth Ann	ual Festival	of the Harvest			
Event Dat	e: August 1	4, 20	19						
Street Clo	sure: 14th St	reet 8	& Hughes T	errace					
Organizat	ion Name: Det	roit M	en Organiz	ation					
Street Add	<sub>dress:</sub> Detroit	, MI 4	8201						
Date of Ci	ate of the COMP ty Clerk's Depart for City Departmo for the Coordinat	mental ents rep	Reference Comr orts:	munication:					
Event Eler	ments (check all	that app	oly):						
Walkat	hon C	arnival/	Circus [	Conce	rt/Performance	Run/Marathon			
Bike R	ace R	eligious	Ceremony	Politica	al Ceremony	√ Festival			
Filming	P	arade		Sports/	Recreation (	Rally/Demonstration			
Firewo	rks C	onventi	on/Conference	Other:					
24-Hou	ır Liquor Licens	е							
		Pot	tition Communi	cations (in	aluda data/tima				
The Detro from 12:00	it Men Organiza Opm - 6:00pm.				·	rvest at 6100 14th Street			
	** ALL perm	its and I	license requirem	ents must h	ne fulfilled for an s	approval status **			
Date	Department	N/A	APPROVED	DENIED		itional Comments			
	DPD		<b>✓</b>		DPD Assisted	Event			
	DFD/ EMS No Permits Required								
	DPW		<b>V</b>		ROW Permit R	equired			
	Health Dept.		<b>√</b>		No Pe	rmits Required			

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		V		Type III Barricades Required
	Recreation	<b>✓</b>			No Jurisdiction
	Bldg & Safety	<b>✓</b>			No Jurisdiction
	Bus. License	<b>V</b>			No Jurisdiction
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of ever
	Municipal Parking	<b>✓</b>			No Jurisdiction
	DDOT		<b>V</b>		No Impact on Buses
YOR'S	OFFICE				
nature	· B. Jus	her			

# City of Detroit

Janice M. Winfrey

City Clerk

OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Friday, July 12, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Detroit Men Organization, request to hold "Fourth Annual Festival of The Harvest" at 6100 14th St @ Marquette, on 8/24/19 from 12pm - 6pm, Set-up same day of the event from 9am - 12pm, Complete tear down following event, with multiple street closures.

# **City of Detroit Special Events Application**

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Sect	ion 1- GENERAL EVENT	INFORMATION
Event Name: FOURTH 19	NNUAL FEST	IVAL OF THE IT ARVEST
Event Location: 6100 141		ARQUETTE
Is this going to be an annual event? 📈 Yo	es 🗆 No	
Section 2-	ORGANIZATION/APPLI	CANT INFORMATION
	OIT MEN	ORGANIZATION
	2 .	STROIT, MI 48201
Business Phone:	Business Website:	
Applicant Name: TYRONE	ALLEN	221010
Business Phone:	Cell Phone: 926 - 2978	Email: tyronex 383191 @ gmail. Com
Event On-Site Contact Person:		
Name: REV CHARLE	5 WILLIAM	5 SR.
Business Phone:	Cell Phone: 652 - 6382	Email:
Event Elements (check all that apply)		
Walkathon	[ ] Camival/Circus	[ ] Concert/Performance
[ ] Run/Marathon	Bike Race	[ ] Religious Ceremony
[ ] Political Event	Festival	[ ] Filming
[   Parade	[ ] Sports/Recreation	Rally/Demonstration
[ ] Convention/Conference	[ ] Fireworks	Other:
Projected Number of Attendees: 10 Please provide a brief description of y PND BACK TO S	10-150 Jour event: NEIGHBUI SCHOUL EVENT	RHOOD APPRECIATION

What are the projected set-up, event and tear do	wn dates and times (must			
Begin Set-up Date: 8/24/19 Time: 9 &	Complete Set-up Date:	4/19	Time: 12:00	P
Event Start Date: 8/24/19 Time: 12 P	Event End Date: 8/24	/19 1	Finne: 6:00	P
Begin Tearing Down Date: 8/24/19	Complete Tear Down Date:	8/24/1	9	
Event Times (If more than one day, give times for each day)	ay):			
	CATION/SITE INFO			N. C.
Location of Event: 6/00 19th ST	@ MARQUE	TTE		
Facilities to be use (Check) Street Facility	Sidewalk	Park	City	
Please attach a copy of Port-a-John, Sanitation, and Emer anticipated layout of your event including the following:	gency Medical Agreements as	well as a site plan w	hich illustrates the	
-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks -Location of portable restrooms	-Location of -Sketch of st -Location of -Location of	fire lane oute for walk/run tents and canopies reet closure bleachers	unners	
You will be prompted to u	pload these attacl	nments upor	submitting	this form
Describe the entertainment for this year's event:  3 AN 3 Basket  A Wisebu	ball co.	mpeti	tron	O. A. M. A.
Will a sound system be used? Yes No No If yes, what type of sound system?	JBIE	ather	RICK	gama
How many generators will be used?  How will the generators be fueled?	nuncs			•

Name of vendor providing generators:  Contact Person:
Address: Phone:
City/State/Zip
Section 5- SALES INFORMATION
Will there be advanced ticket sales?
Will there be on-site ticket sales?
Will there be vending or sales? If yes, check all that apply:
Food [ ] Merchandise [ ] Non-Alcoholic Beverages [ ] Alcoholic Beverages Indicate type of items to be sold:
Section 6- PUBLIC SAFETY & PARKING INFORMATION
Name of Private Security Company: DEACONS FOR DEFENSE Contact Person: TYRONE Address: 6100 14th St DET. 48205 Phone: 313-926-2978
City/State/Zip:
umber of Private Security Personnel Hired Per Shift:
re the private security personnel (check atl that apply):  [ ] Licensed [ ] Armed [ ] Bonded
How will you advise attendees of parking options? WOLD OF MOUTH  SECURITY WILL ASSIST

# Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the	e surrounding community (i.e. pedestrian	walfic, sound carryover, sal	TED 50	NEGATIVE
IMPACT W.	ILL BE MININ	7AL.		
_	os/businesses approved your event?	🗓 Yes	□ No	
Indicate what steps you have or	r will take to notify them of your exent:	WORD OF	mouth	1
	Section 8- EVI	ENT SET-UP		
Complete the appropriate categorie	es that apply to the event Structure			
	How Many?	Size/Height		
Booth	(2			
Tents (enclosed on 3 sides)	NO TENTS			
Canopy (open on all sides)				
Staging/Scaffolding				
Bleachers				
	Section 9- COMPLETE AI	L THAT APPLY		
Emergency medical services?				
Contact Person:				
Address:				
City/State/Zip:				
Name of company providing port-a	-johns.			
Contact Person: LANG	PORTA JO,	HNS		
Address: 26490	W. 8m1	Phone: 248	327-3	430
City/State/Zip:\SOUTHE	1ELD M1 4	8033		
Name of private catering company	· N/A			
Contact Person:	/			
Address:		Phone:		
City/State/Zip:				

# SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a man on chatch and		Total the City of Detro
Attach a map or sketch of the	proposed area for closure.	
STREET NAME:	that,	
FROM: W. FER.	RY	DARQUETTE
CLOSURE DATES: AUG.	24 2019	13.0
REOPEN DATE: AUG 2	24, 2019 TIME:	30a END TIME: 6:00 P
STREET NAME: HUGH	HES TERRACE	1 J
FROM: AUG TO	TES TERRACE TO: A	
14th ST	TO:	06 24 3019
		15 th st.
REOPEN DATE: A4G	24, 2019 HEGTIME: 11	15 th St. 1:30 Q END TIME: 6:00 P
STREET NAME:		
FROM:		
	TO:	
CLOSURE DATES:	200	
REOPEN DATE:	BEG TIME:	END TIME:
	TIME	
STREET NAME:		
FROM:		
	TO:	
CLOSURE DATES:		
REOPEN DATE:	BEG TIME:	END TIME:
REOPEN DATE:	ПМЕ:	
STREET NAME:		
FROM:		
	TO:	
CLOSURE DATES:	DEC.	
REOPEN DATE:	BEG TIME:	END TIME:
	TIME:	
,		

### PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

# **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Dyrone allen	7/10/19	
Signature of Applicant	Date	

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

# HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: FUURTH ANNUAL FESTIVAL OF Event Date: AUG 24, 2019 THE HARVEST
Event Organizer: DETROIT MEN ORGANIZATION
Applicant Signature: Jyrone aller  Date:

9			

# 982

MAYOR'S OFFICE COORDINATORS REPORT **DENIED** CANCELED N/A Event Name: Third Annual Rendez-vouz at Ste. Anne Parish Detroit Petition #: #5 Event Date: September 15, 2019 Street Closure: None Organization Name: Ste. Anne Parish Street Address: 1000 St. Anne Street Detroit, MI 48216 Receipt date of the COMPLETED Special Events Application: Date of City Clerk's Departmental Reference Communication: Due date for City Departments reports: Due date for the Coordinators Report to City Clerk: Event Elements (check all that apply): Walkathon Carnival/Circus Concert/Performance Run/Marathon Bike Race Religious Ceremony Political Ceremony **Festival Filming** Parade Sports/Recreation Rally/Demonstration Fireworks Convention/Conference Other: \_\_\_\_ 24-Hour Liquor License Petition Communications (include date/time) The Ste. Anne Parish will host their 3rd Annual French Canadian - Native American Cultural Festival at 1000 St. Anne and the adjacent parking lot from 11:00pm - 7:00pm. \*\* ALL permits and license requirements must be fulfilled for an approval status \*\* **Date** Department APPROVED N/A DENIED **Additional Comments** DPD will Provide Special Attention DPD Pending Inspections DFD/ **EMS** No Permits Required **DPW** 

Health Dept.

Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>V</b>		Fencing Required
	Recreation	<b>✓</b>			No Jurisdiction
	Bldg & Safety		<b>✓</b>		Permits Required for Tents & Stages
	Bus. License		<b>✓</b>		Vendors License & Liquor License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtaine departments can enforce closure of ever
	Municipal Parking	<b>✓</b>			No Jurisdiction
	DDOT		<b>V</b>		No Impact on Buses

Signature: 10. Ausher	
Date: 7-11-19	

# City of Metroit OFFICE OF THE CITY CLERK

Janice M. Winfrey City Clerk

Caven West
Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Friday, July 12, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING

Ste. Anne Parish, request to hold "Thrid Annual Rendez-vous at Ste. Anne Parish Detroit" at 1000 Ste. Anne, on 9-15-19 at 11am - 7pm, Set-up on 9/14/19, Complete tear down on 9/15/19 - 9/16/19.

# 982

# **City of Detroit Special Events Application**

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Se	ction 1- GENERAL EVEN	I INFORMATION
Event Name: Third Annual Rendez	-vouz at Ste. Anne Parish I	Detroit
Event Location: 1000 Ste Anne St.	Detroit, MI 48216	
Is this going to be an annual event?	Yes 🗆 No	
Section 2	- ORGANIZATION/APPL	ICANT INFORMATION
Organization Name: Ste. Anne Paris	sh	
Organization Mailing Address: 1000 S	te Anne St. Detroit, MI 482	16
Business Phone: 313-496-1701	Business Website: W	ww.ste-anne.org
Applicant Name: Msgr. Charles Kos		
313-496-1701 Business Phone:	Cell Phone: 313-496-1701	businessoffice@steannedetroit.org
Event On-Site Contact Person:		
Name: Elizabeth Bourne		
Business Phone: 313-496-1701	Cell Phone: 313-496-1701	Email: businessoffice@steannedetroit.org
Event Elements (check all that apply)		
[ ] Walkathon	[ ] Carnival/Circus	[ ✓ Concert/Performance
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
[ ] Political Event	Festival	Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ] Convention/Conference	Fireworks	] Other:
festival featuring French and In	your event: at Ste. Anne Parish is a Fre	nch Canadian and Native American cultural cultural exhibits, children's activities and a
beer and wine tent.		

Event Start Date: 9/15/19  Begin Tearing Down Date: 9/15/19  Event Times (If more than one day, g		Event End Date: 9/15/19  Complete Tear Down Date: 9/1	Time:7:00 pm
event Times (If more than one day, g		Complete Tear Down Date: 9/1	
event Times (If more than one day, g /15/19 11:00 am - 7:00 pr	ve times for each d		6/19
-	n	ay):	
	Section 3- LC	OCATION/SITE INFOR	MATION
Location of Event: 1000 Ste Ani			MATION
Facilities to be use <b>(Check)</b> Stre	ct	Sidewalk	Park 🗸 City
Please attach a copy of Port-a-John, S anticipated layout of your event inclu		rgency Medical Agreements as wel	ll as a site plan which illustrates the
Public entrance and exit Location of merchandising booths		-Location of Firs -Location of fire	
Location of food booths Location of garbage receptacles		-Proposed route -Location of ten	for walk/run
Location of beverage booths		-Sketch of street	closure
Location of sound stages Location of hand washing sinks		-Location of blea -Location of pre-	ss area
Location of portable restrooms  You will be pro	ompted to u		sed light pole banners  I ents upon submitting this forn
		ion 4- ENTERTAINMEN	
Describe the entertainment for this ye			
rench Canadian and Nativ	e American t	raditional music and dan	cing. Story telling of French and Indi
Vill a sound system be used?	Yes No		
yes, what type of sound system?			
Pescribe specific power needs for ent-	ertainment and/or n	nusic:	
powered speakers, 110 o	utlet		
low many generators will be used?	)		
low will the generators be fueled?			

Contact Person	:			
Address:			Phone:	
City/State/Zip				
		Section 5- SALES INFO	DRMATION	
Will there be ad If yes, please de	vanced ticket sales? scribe:	Yes 🗆 No		
Will there be on If yes, list price(	-site ticket sales?	Yes  No		
Will there be ver If yes, check all		Yes 🗆 No		
✓] Food	Merchandise	Non-Alcoholic Beverages	[ Alcoholic Beverages	
	items to be sold:	-work		
endors will	have food and art Il have a beer and	wine tent.	CING INFORMATION	
/endors will Ste Anne wi	have food and art Il have a beer and	work. wine tent. PUBLIC SAFETY & PARE	CING INFORMATION	
endors will te Anne wi	have food and and Il have a beer and Section 6-	wine tent.	CING INFORMATION	
/endors will Ste Anne wi	have food and and Il have a beer and Section 6-	wine tent.	CING INFORMATION  Phone:	
Jendors will Ste Anne will lame of Private Contact Person:	have food and and Il have a beer and Section 6-	wine tent.		
Jendors will ste Anne will lame of Private Contact Person:	have food and and Il have a beer and Section 6-	wine tent. PUBLIC SAFETY & PARE		
/endors will Ste Anne wi lame of Private Contact Person: ddress: ity/State/Zip;	have food and art Il have a beer and Section 6-	Wine tent.  PUBLIC SAFETY & PARE		

How will you advise attendees of parking options? Parking information will be provided on the church website and Facebook. At the event, volunteers will direct traffic.

# Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Additional pedestrian and vehicle traffic

Have local neighborhood groups/businesses approved your event?

Yes

□ No

Indicate what steps you have or will take to notify them of your event: Neighbors have received a personal invitation and visit to notify of the festival

### Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides) 2

60' x 120' frame tent

Canopy (open on all sides)

18

20' x 30'

Staging/Scaffolding

1 stage

16'w x 12'd x 2'h

Bleachers

# Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?	
Contact Person:	
Address:	
City/State/Zip:	
Name of company providing port-a-johns. Parkway Serv	vices Inc.
Contact Person:	
Address: 2876 Tyler Rd	Phone: 734-482-7633
City/State/Zip: Ypsilanti, MI 48198	
Name of private catering company?	
Contact Person:	
Address:	Phone:
City/State/Zip:	

#### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the prop		
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEGTIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEGTIME:	END TIME:
REOPEN DATE:	TTME:	
STREET NAME:		
	TO:	
CLOSURE DATES:	BEGTIME:	END TIME:
REOPEN DATE:	TTME:	
STREET NAME:		_
	TO:	
CLOSURE DATES:	BEGTIME:	END TIME:
REOPEN DATE:	TIME:	

# PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

Festival will be held in the campus of the parish, no road or city walk way will be blocked.

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Bautista

07/01/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

# HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: 3rd annua Date: 9/15/19	Event	
Event Organizer: Ste Anne Parish		
Applicant Signature: Date: 07/01/2019	Bautista en especiente atrabase es	

					<b>83</b> # 984
	MA	YOR'S	OFFICE C	COORDI	NATORS REPORT
OVERA	LL STATUS (pl	ease c	ircle): 🕢 AP	PROVED	DENIED N/A CANCELED
Petition #:	784	Eve	ent Name: In th	e Cut F	un Run/Walk
Event Date	<sub>e :</sub> August 1	7, 201	19		
Street Clos	<sub>sure:</sub> Atwater	•			
	on Name: Ome		si Phi Frate	ernity, Ir	nc.
•	dress: P.O. Bo				
	ate of the COMPL				
Date of Cit	ty Clerk's Departi	mental F	Reference Comm		
	for City Departme for the Coordinate				
	ments (check all t				
✓ Walkati		arnival/(	-	Concer	t/Performance
Bike Ra	ace R	eligious	Ceremony	Politica	l Ceremony Festival
				=	
Filming		arade			Recreation Rally/Demonstration
Firewo	rks C	onventio	on/Conference	Other:	
<b>24-</b> Hou	ır Liquor Licens	е			
		Pet	ition Communi	cations (in	clude date/time)
	si Phi Fraternity 9:00am - 12:00p	, Inc. w			n/walk from Chene Park to the Dequindre
					pe fulfilled for an approval status **
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD		$\checkmark$		DPD will Provide Special Attention; Contracted with Stratus Security Management to Provide Private Security Services
	DFD/ EMS		<b>✓</b>		Contracted with Hart Medical to Provide Private EMS Services
	DPW		$\checkmark$		DPD Assisted Closure; No Permits Required
	Health Dept.		<b>✓</b>		No Permits Required

Date Department N/A APPROVED DENIED Additional Comments   TED Image: Comment of the province of the provinc	
TED Type III Barricades Required for Close Application Received & Approved as	Date Depart
TED Application Received & Approved as	
	TEI
	Recrea
Bldg & Safety No Permits Required	Bldg & \$
Bus. License No Jurisdiction	Bus. Lic
Mayor's Office  All Necessary permits must be obtaine prior to event. If permits are not obtain departments can enforce closure of event.	
Municipal No Purchase of Parking Meters Requi	
DDOT No Impact on Buses	DDOT
MAYOR'S OFFICE Signature: 9. Aushin	
Date: 1-11-19	

# City of Metroit OFFICE OF THE CITY CLERK

Janice M. Winfrey City Clerk Caven West Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

Monday, July 15, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

#### RECREATION DEPARTMENT

Omega Psi Phi Fraternity, Inc. Rho Mu Nu Chapter, request to hold "In the Cut 5k Fun Run/Walk" at Chene Park (Atwater trhough the Dequindre Cut), on 8/17/2019 from 9am - 12pm, Set-up on 8/17/19 @ 6am - 7am, Tear down following event. Street closure Atwater from Chene to Riopelle.

# **City of Detroit Special Events Application**

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

	Section 1- GENERAL EVEN	NI INFORMATION
Event Name: In the Cut 5k Fun Run /	Walk	
Event Location: Chene Park (Atwater t	hrough the Dequindre Cut)	
Is this going to be an annual event?	Yes No Last Date: 9/8/1	8 - Previous : 2013, 2014, 2015, 2016, 2017, 2018
Sectio	n 2- ORGANIZATION/APPI	LICANT INFORMATION
Organization Name: Omega Psi Phi F	raternity, Inc. Rho Mu Nu Chapter	
Organization Mailing Address: P.O. E	Box 87878, Canton, MI 48187	
Business Phone: 248-274-6270	Business Website:	Inthecut5k.com
Applicant Name: Marquis Sagnia		
Business Phone:	Cell Phone: 248-910-1603	Email: ysagnia@yahoo.com
<b>Event On-Site Contact Person:</b>		
Name: Marquis Sagnia		
Business Phone:	Cell Phone: 248-910-1603	Email: ysagnia@yahoo.com
Event Elements (check all that apply	<b>'</b> )	
Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance
Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
[ ] Political Event	[ ] Festival	[ ] Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ] Convention/Conference	[ ] Fireworks	[ ] Other:
Please provide a brief description	of your event:	
Fun run/ walk 3.1 miles, from Chene Par	k, through Dequindre Cut and back.	

Begin Set-up Date: 8/17/19	:: 6:00 am Complete Set-up Date: 8/17/1	9 Time: 7:00 am
Event Start Date: 8/17/19	9:00 am Event End Date: 8/17/19	Time: 12 Noon
Begin Tearing Down Date: 8/17/19	Complete Tear Down Date: 8/17	/19 - Noon
event Times (If more than one day, give time	es for each day):	
	on 3- LOCATION/SITE INFORM.  art, down atwater, through dequine	
Facilities to be used (circle): Street		rk City
Please attach a copy of Port-a-John, Sanitation anticipated layout of your event including the Attached.	on, and Emergency Medical Agreements as well as e following:	a site plan which illustrates the
Attached.  Public entrance and exit	-Location of First A	id
Location of merchandising booths	-Location of fire lar	
Location of food booths	-Proposed route for	
Location of garbage receptacles	-Location of tents a -Sketch of street clo	
-Location of beverage booths -Location of sound stages	-Location of bleach	
-Location of hand washing sinks	-Location of press a	
-Location of portable restrooms	-Sketch of proposed	light pole banners
	Section 4- ENTERTAINMENT	
Describe the entertainment for this year's ex	ent:	
N/A		
Will a sound system be used? Yes	□ No	
f yes, what type of sound system? Speak	ers, Turntable and AMP	
Describe specific power needs for entertains	nent and/or music:	
A DJ will be setup to play backgro	und music and make announcements.	
1		
How many generators will be used?		
	oline	

Contact Person: Personal.	
Address:	Phone:
City/State/Zip	
Sec	ction 5- SALES INFORMATION
Will there be advanced ticket sales? Yes If yes, please describe: Individuals will pre-regis	□ No
Will there be on-site ticket sales? Yes If yes, list price(s): Individuals will register of	□ No on site \$35
Will there be vending or sales?	No
[] Food [] Merchandise []	Non-Alcoholic Beverages [ ] Alcoholic Beverages
Indicate type of items to be sold:	
Section 6- PUBLI Name of Private Security Company: Existing park c	IC SAFETY & PARKING INFORMATION
Contact Person: Stratus Security Manageme	
Address: 19804 Fitzpatrick Ave	Phone: 313-837-7000
City/State/Zip: Detroit, MI 48228	
Number of Private Security Personnel Hired Per Shit	ft: 3
Are the private security personnel (check all that app	oly):
Licensed	[ ] Armed Bonded
How will you advise attendees of parking options?	

	the surrounding community (i.	e. pedestrian traffic, sound carryover, safety)?	
Have local neighborhood gro	ups/businesses approved your	event? Yes 🗆 No	
Indicate what steps you have	or will take to notify them of	your event:	
Chene Park is donati	ing the space.		
	Sortie	on 8- EVENT SET-UP	
Complete the appropriate catego	nes that apply to the event Str	ucture	
	How Many?	Size/Height	
Booth			
Tents (enclosed on 3 sides)	5	10 x 10 Canopy	
Canopy (open on all sides)		-	
Staging/Scaffolding			
Bleachers	-		
	Section 9- COMPI	LETE ALL THAT APPLY	
mergency medical services?	Section 7- COMIT		
	ical Services, PLLC - Kare	n Baer	
ddress: 220 Bagley Suite 91	2		
ty/State/Zip: Detroit, MI 48220	6		
ame of company providing port			
ontact Person: Scotty's P	otties		
idress: N/A		Phone: 734-421-1400	
ty/State/Zip:			
ame of private catering compan	y? N/A		
ontact Person: N/A			
ldress:		Phone:	
ty/State/Zip:			

#### SPECIAL USE REQUESTS

Attach a map or sketch of the proposed area for closure.

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.** 

STREET NAME: Atwater		<u></u>
FROM: Chene	TO: Riopelle	
CLOSURE DATES 8/17/19	BEG TIME:6:00 am	END TIME: 12:00 Noon
	TIME:12:00 Noon	
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME;	END TIME:
REOPEN DATE:	TIME;	
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

#### PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE Attached.
- 2) EMERGENCY MEDICAL AGREEMENT Attached.
- 3) SANITATION AGREEMENT N/A
- 4) PORT-A-JOHN AGREEMENT Attached.
- 5) COMMUNITY COMMUNICATION | N/A

Map/setup below.







# Streets will need to be blocked off accordingly

- On Atwater at Riopelle preventing traffic from entering Atwater
- 2. On Orleans at Atwater preventing traffic from entering Atwater
- 3. On DuBois at Atwater preventing traffic from entering Atwater
- On Chene at Atwater preventing traffic from entering Atwater
- 5. On Atwater at Chene preventing traffic from entering Atwater
- 6. On WoodBridge at the Dequindre Cut
- 7. On Franklin at the Dequindre Cut



#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Alagnio DR agria	6/17/2019	
Signature of Applicant	Date	

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)	
Event Name: In the Cut 5k	Event Date:8/17/2019
Event Organizer: Rho Mu Nu Chapter, an unincorporated chapter of the Omega Psi Phi	
Applicant Signature: Afarguis Different Kirk Cale	Date:6/14/2019



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/15/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER			PHONE (530)		EAV	
East Main Street Insurance Services, Inc.	(A/C, No, Ext): (300) 477-0321 (A/C, No):					
Will Maddux			E-MAIL ADDRESS: info@the	eeventhelper.	com	
PO Box 1298					IDING COVERAGE	NAIC #
Grass Valley		CA 95945	INSURER A: Evansto	n Insurance	Company	35378
SURED			INSURER B :			
The Like Minds Foundation			INSURER C :			
Marquis Sagnia			INSURER D :			
PO Box 87878			INSURER E :			
Canton		MI 48187				
	TIFICAT	TE NUMBER:	INSURER F :		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIE: NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S OF INSU EQUIREM PERTAIN POLICIES	JRANCE LISTED BELOW HA ENT, TERM OR CONDITION , THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	I OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	D NAMED ABOVE FOR THE	TO WHICH THI
TYPE OF INSURANCE	ADDL SUB INSD WV	D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	-
COMMERCIAL GENERAL LIABILITY						1,000,000
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000
Host Liquor Liability					THE INDEAD IN THE PARTY OF THE	5,000
Retail Liquor Liability	Y	3DS5468-M1388793	08/17/2019	08/18/2019		1,000,000
	'	3500 100 W1000700	12:01 AM	12:01 AM		2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:			12.01700	12.017(IVI		1,000,000
X POLICY PRO-			(			1,000,000
OTHER:					AGUADA ADIA PURIT	1,000
AUTOMOBILE LIABILITY					(Ea accident)	
ANY AUTO					BODILY INJURY (Per person) \$	
OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$	
NOTOG ONE!					\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	
CDAIMIO-MIADE	-				s	-
WORKERS COMPENSATION					PER OTH-	
AND EMPLOYERS' LIABILITY Y/N						
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			1	E.L. EACH ACCIDENT \$	
(Mandatory in NH) If yes, describe under					E,L, DISEASE - EA EMPLOYEE \$	
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	
SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACO	RD 101, Additional Remarks Sched	ule, may be attached if mor	e space is require	ed)	
ertificate holder listed below is named as tendance: 500, Event Type: 5 K Run.						
ERTIFICATE HOLDER	-		CANCELLATION			
1. City of Detroit 2. Detroit RiverFront Conservancy 3. Detroit/Wayne County Port Authority 4. Jefferson Acquisitions, LLC 5. Roberts Hoteis Detroit, LLC 10. CBRE 11. LMC Resources Capital Limited Partner 12. RenCen Associates LLC 13. Riverfront Holdings, Inc. 14. Riverfront Holdings Phase II, Inc 15. The Right Productions			SHOULD ANY OF	I DATE THE	ESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE Y PROVISIONS.	
The Stroh Companies, Inc.  General Motors Corporation  17. C  Jame or the	. Penfield States s L. Hughes Irrevocable	r Amplitulation roth, Frances R. Stroh and , Successor Trustees Trust fib/o Stroh Farn ni Rho Mu Nu Chapter	AUTHORIZED REPRESENTATIVE			



#### **EVANSTON INSURANCE COMPANY**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

#### **SCHEDULE**

#### Name Of Additional Insured Person(s) Or Organization(s):

- 1. City of Detroit
- 2. Detroit RiverFront Conservancy
- 3. Detroit/Wayne County Port Authority
- 4. Jefferson Acquisitions, LLC
- 5. Roberts Hotels Detroit, LLC
- 6. Bloomfield Farms Talon Centre, LLC
- 7. The Stroh Companies, Inc.
- 8. General Motors Corporation 9. UAW-GM Center for Human Resources
- 10. CBRE
- 11. LMC Resources Capital Limited Partner
- 12. RenCen Associates LLC
- 13. Riverfront Holdings, Inc.
- 14. Riverfront Holdings Phase II, Inc
- 15. The Right Productions 16. Aretha Franklin Amphitheater
- 17. C. Penfield Stroh, Frances R. Stroh and James L. Hughes, Successor Trustees or the Irrevocable Trust f/b/o Stroh Fam 18. Omega Psi Phi Rho Mu Nu Chapter
- PO Box 87878, Canton, MI 48187
- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II - Who Is An Insured:
  - 1. In the performance of your ongoing operations; or
  - 2. In connection with your premises owned by or rented to you.

#### However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.

#### HART EMS MEDICAL SERVICES PLLC

220 Bagley Suite 912 Detroit, MI 48226 313.366.4278 or 313.216.1771 fax

May 10, 2019

This is to confirm that **HART EMS MEDICAL SERVICES PLLC (HART)** will provide on-site medical service for Global Education and Athletics Association (GEAA) and Omega Phi Fraternity; 5k In the Cut **in Detroit, Michigan** on the following date(s) and time(s):

Saturday August 17, 2019 9:00am – 11:00pm Total hours = 2

HART EMS MEDICAL SERVICES PLLC will provide these on-site standby services:

One (1) Life Support Ambulance @ \$175.00 per hour

**GEAA** will provide the following:

- Location for ambulance with appropriate egress
- Location for personnel parking
- Any necessary credentials
- Parking Passes for all HART EMS MEDICAL SERVICES PLLC staff vehicles
- Bathroom Facilities
- Contact Person name
- Ice & Water for patient use

It is understood that all on-site medical facilities and ambulances have a limited capacity and should other emergency resources be called in by mutual agreement of both HART EMS MEDICAL SERVICES PLLC and GEAA that HART EMS MEDICAL SERVICES PLLC will be held harmless for any overtaxing of its resources and will not be held responsible for other costs incurred. It is further understood that the request for services is as outlined above and designed by GEAA and HART EMS MEDICAL SERVICES PLLC assumes no responsibility for the planning and accuracy of it. Should the request for transport result in overtaxing of resources contracted for, HART EMS MEDICAL SERVICES PLLC. Will at its' discretion, call for transport via city or private provider. HART EMS MEDICAL SERVICES PLLC assumes no responsibility for availability or response capabilities of outside ambulance services. It is understood by the parties that HART EMS MEDICAL SERVICES PLLC is held accountable for medical treatments by the governing county agencies and must adhere to all policies and procedures pertaining to medical provision. HART EMS MEDICAL SERVICES PLLC, its staff, and agents shall be held harmless for any incidents arising from this event. Furthermore, any treatment provided by other contracted, volunteer agencies or employees will not be the responsibility of HART EMS MEDICAL SERVICES PLLC and will be held harmless for any liability resulting in treatment by other agencies, either contracted or volunteered. Premature termination of the event shall not result in discount or refund of any kind from HART EMS MEDICAL SERVICES PLLC. The balance is due in full to a HART EMS MEDICAL SERVICES PLLC supervisor before the end of the event.

AGREED:

Adam Gottlieb	Authorized Signature
HART EMS MEDICAL SERVICES PLLC	The Like Minds Foundation / Omega Psi Phi
	_5/11/2019
Date	Date



To: Marquis Sagnia

Date: December 19, 2018

Subject: In the Cut 5K

The Detroit RiverFront Conservancy approved The In the Cut 5K event on the Detroit Riverfront on

August 17, 2019.

Please contact me should you have any questions.

Sincerely,

Anthony Casasanta 1340 E. Atwater St. Detroit, MI. 48207 313 656-2275

# 84

# OFFICE OF CONTRACTING AND PROCUREMENT

July 11, 2019

## HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

2817890

Revenue – AMEND 1– To Provide Leasing of Ground Space, West of French Rd. for Five Years. – Contractor: FCA Transport Group – Location: 1000 Chrysler Dr., Auburn Hills, MI 48326 – Contract Period: Upon City Council Approval through December 31, 2023 – Contract Increase: \$600,000.00 – Total Contract Amount: \$1,710,000.00. AIRPORT

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	COUNCIL	MEMBER_	BENSON

**RESOLVED**, that Contract No. 2817890 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.



July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002249

100% City Funding – Environmental Assessment for Riverside Park Project. – Contractor: ASTI Environmental – Location: 10448 Citation Drive, Suite 100, Brighton, MI 48116– Contract Period: Upon City Council Approval through December 31, 2019 – Total Contract Amount: \$27,024.18. **BUILDING SAFETY ENGINEERING AND ENVIROMENT** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	COUNCIL	MEMBER	BENSON	

**RESOLVED**, that Contract No. 6002249 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.



July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035178

100% City Funding – To Provide Emergency Residential Demolition at 19126, 19127, 19132, and 19133 Hershey. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$89,900.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	COUNCIL	<b>MEMBER</b>	BENSON	

**RESOLVED**, that Contract No. 3035178 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.



July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035254

100% City Funding – To Provide Emergency Residential Demolition at 11631 Indiana. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$16,500.00. **HOUSING AND REVITALIZATION** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3035254 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.



July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035270

100% City Funding –To Provide Emergency Residential Demolition at 18601-03 Greenfield. – Contractor: DMC Consultants, Inc. – Location: 13500 Foley, Detroit, MI 48227 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$27,000.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	<b>COUNCIL</b>	MEMBER_	BENSON	

**RESOLVED,** that Contract No. 3035270 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.



July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035306

100% City Funding –To Provide Emergency Residential Demolition at 13394 Camden. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$24,350.00. **HOUSING AND REVITALIZATION** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3035306 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

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# OFFICE OF CONTRACTING AND PROCUREMENT

July 11, 2019

## HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035309

100% City Funding –To Provide Emergency Residential Demolition at 17815 Orleans. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$23,250.00. **HOUSING AND REVITALIZATION** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	COUNCIL	<b>MEMBER</b>	BENSON	
		_		_

**RESOLVED,** that Contract No. 3035309 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035379

100% City Funding – To Provide Emergency Residential Demolition at 8842, and 8848 Stoepel. – Contractor: Leadhead Construction – Location: 1660 Midland, Detroit, MI 48238 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$57,150.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY	COUNCIL	MEMBER	BENSON
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**RESOLVED**, that Contract No. 3035379 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

July 11, 2019

## HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035380

100% City Funding – To Provide Emergency Residential Demolition at 2566 Chalmers. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$22,000.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY	COUNCIL MEMBER	BENSON	

**RESOLVED,** that Contract No. 3035380 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035381

100% City Funded – To Provide Commercial Demolition for Group 128 Property at 11525 Van Dyke, 13108 Dequindre, 13114 Dequindre, 14269 Goddard, and 17847 Dequindre. – Contractor: Gayanga Co – Location: 1420 Washington Blvd. Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$210,200.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	COUNCIL MEMBER _	BENSON

**RESOLVED,** that Contract No. 3035381 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

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# OFFICE OF CONTRACTING AND PROCUREMENT

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035382

100% City Funded – To Provide Commercial Demolition for Group 129 Property at 7001 Kercheval. – Contractor: Salenbien Trucking and Excavating, Inc. – Location: 9217 Ann Arbor Rd. Dundee, MI 48131–Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$31,036.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED,** that Contract No. 3035382 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.



July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035383

100% City Funded – To Provide Commercial Demolition for Group 130 Property at 14680 E Seven Mile, 15110 Harper, 17101 Hayes, 17111 Hayes, 17115 Hayes, 17119 Hayes, 17123 Hayes, and 2224 Anderdon. – Contractor: Adamo Demolition – Location: 320 E. Seven Mile Rd. Detroit, MI 48203– Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$262,192.90. **HOUSING AND REVITALIZATION** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	COUNCIL MEMBER	BENSON

**RESOLVED,** that Contract No. 3035383 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.



July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035384

100% City Funding –To Provide Emergency Residential Demolition at 6202 Iowa. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$26,127.00. **HOUSING AND REVITALIZATION** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

ENSON

**RESOLVED**, that Contract No. 3035384 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035385

100% City Funding – To Provide Emergency Residential Demolition at 12096 Roselawn. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$18,522.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER	BENSON	
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**RESOLVED**, that Contract No. 3035385 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

July 11, 2019

## HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035386

100% City Funding – To Provide Emergency Residential Demolition at 14561 Minock. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$22,000.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3035386 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035387

100% City Funding –To Provide Emergency Residential Demolition at 17520 Santa Rosa. – Contractor: DMC Consultants, Inc. – Location: 13500 Foley, Detroit, MI 48227 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$37,200.00. **HOUSING AND REVITALIZATION** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3035387 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.



July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035388

100% City Funding – To Provide Emergency Residential Demolition at 9737 Petoskey. – Contractor: Salenbien Trucking and Excavating Inc. – Location: 9217 Ann Arbor Rd., Dundee, MI 48131– Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$20,305.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL	MEMBER	BENSON	
	TATELIATEDICAL	DELIBOR	

**RESOLVED,** that Contract No. 3035388 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035390

100% City Funded – To Provide Commercial Demolition for Group 131 Property at 10027 Lyndon, 13200 Linwood, 3316 Puritan, and 8030 Lydon. – Contractor: Able Demolition – Location: 5675 Auburn Rd, Shelby Township 48317 – Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$193,799.71. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER	BENSON

**RESOLVED**, that Contract No. 3035390 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

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# OFFICE OF CONTRACTING AND PROCUREMENT

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035391

100% City Funded – To Provide Commercial Demolition for Group 133 Property at 10350 Harper, 11980 Gratiot, 13100 Harper, 13112 Harper, and 8843 Harper. – Contractor: Homrich – Location: 65 Cadillac Square, Detroit MI, 48226 – Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$220,367.50. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED,** that Contract No. 3035391 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

July 11, 2019

## HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035392

100% City Funded – To Provide Commercial Demolition for Group 134 Property at 11722 Dexter, 11847 W Grand River, 12100 Linwood, and 12240 W Grand River. – Contractor: Able Demolition – Location: 5675 Auburn Rd, Shelby Township 48317– Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$273,282.07. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY C	OUNCIL	<b>MEMBER</b>	BENSON	
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**RESOLVED**, that Contract No. 3035392 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035393

100% City Funded – To Provide Emergency Commercial Demolition for Property at 7325 Sarena. – Contractor: Adamo Demolition – Location: 320 E. Seven Mile Rd. Detroit, MI 48203. – Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$59,500.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER	BENSON
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**RESOLVED,** that Contract No. 3035393 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

# OFFICE OF CONTRACTING AND PROCUREMENT

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002271

100% City Funding – To Provide Additional Parking Meters, Software and Hardware Upgrades, App Upgrades, and Sign Costs for Multi-Spaced Parking Meter Expansion Project. – Contractor: Detroit Building Authority – Location: 1301 Third, Ste. 328, Detroit, MI 48226 – Contract Period: Upon City Council Approval through July 22, 2022 – Total Contract Amount: \$4,500,000.00. **MUNICIPAL PARKING** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER	BENSON	
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**RESOLVED,** that Contract No. 6002271 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

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#### OFFICE OF CONTRACTING AND PROCUREMENT

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035255

100% City Funding – To provide FY18/FY19 Invoice Payment. Mobile and Merchant Fees for MPD Park Detroit Meters Online Payment and Processing – Location: 128 S. Tryon Street, Suite 2200, Charlotte, NC 28202 – Contract Period: Upon City Council Approval – Total Contract Amount: \$525,000.00. MUNICIPAL PARKING (Payment only.)

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

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**RESOLVED**, that Contract No. 3035255 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

#### OFFICE OF CONTRACTING AND PROCUREMENT

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035212

100% City Funding – To Provide Six Portable 9ft. Tactical Surveillance Systems to use as Forensic Scene Capture Devices by the DPD Crime Scene Services Unit. – Contractor: Zistos Corporation – Location: 1736 Church St., Hollbrook, NY 11741 – Contract Period: Upon City Council Approval through March 31, 2020 – Total Contract Amount: \$33,480.00. **POLICE** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER \_\_\_\_\_BENSON

**RESOLVED**, that Contract No. 3035212 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

#### OFFICE OF CONTRACTING AND PROCUREMENT

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002267

100% Bond Funding – To Provide Installation of ITS Equipment (Cameras and LPRs) at Locations along Greenfield Road and 7 Mile for Crime Prevention. – Contractor: J. Ranck Electric – Location: 1993 Gover Parkway, Mt. Pleasant, MI 48858 – Contract Period: Upon City Council Approval through August 1, 2020 – Total Contract Amount: \$1,545,350.12. **POLICE** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	<b>COUNCIL</b>	MEMBER	BENSON	
			DEITOUT	

**RESOLVED,** that Contract No. 6002267 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

# OFFICE OF CONTRACTING AND PROCUREMENT

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002067

100% Major Street Bond Funding – To Provide Construction Services for the Joseph Campau Streetscape Project. – Contractor: Audia Construction, Inc. – Location: 2985 Childs Lake Rd., Milford, MI 48381 – Contract Period: Upon City Council Approval through July, 22, 2021 – Total Contract Amount: \$2,260,001.70. **PUBLIC WORKS** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY	COUNCIL	MEMBER	BENSON	

**RESOLVED,** that Contract No. 6002067 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

#### OFFICE OF CONTRACTING AND PROCUREMENT

July 11, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002242

100% Major Street Funding – To Provide Construction Services for the Conversion of Temporary Plaza Layout on the East Side of Randolph and Monroe and Gratiot. – Contractor: Giorgi Concrete Joint Venture with Major Cement – Location: 20450 Sherwood, Detroit, MI 48234 – Contract Period: Upon City Council Approval through July, 22, 2021 – Total Contract Amount: \$543,253.50. **PUBLIC WORKS** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

$\mathbf{BY}$	COUNCIL	<b>MEMBER</b>	BENSON	

**RESOLVED**, that Contract No. 6002242 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.



COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVE., FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-0484 • TTY:711 WWW.DEFROITMLGOV

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Date: July 8, 2019

HONORABLE CITY COUNCIL

E: RECOMMENDATION FOR DEFERRAL

ADDRESS: 669-671 W. Euclid

NAME: Central Detroit Christian Development Corporation

Demolition Ordered: September 30, 2013

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on June 20, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 1<sup>st</sup> deferral request for this property.

Therefore, we respectfully recommended that the demolition order be <u>deferred</u> for a period of six months subject to the following conditions:

- 1. A permit for rehabilitation work shall be applied for within <u>ten</u> (10) <u>business days</u> from the date of the City Council decision.
- 2. BSEED will schedule a Progress Inspection within <u>forty-five</u> (45) <u>calendar days</u> from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every <u>forty-five</u> (45) <u>calendar days</u>, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
- 3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
  - Certificate of Acceptance related to building permits
  - Certificate of Approval as a result of a Housing Inspection
  - Certificate of Compliance, required for <u>all</u> rental properties
- 4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
- The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
- 6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted.

David Bell Director

DB:bkd

cc: Central Detroit Christian Community Development Corp., 8840 Second AVE, Detroit, MI 48202 Piety Square LLC/Lisa E. Johanon, 1550 Taylor, Detroit, MI 48202

COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVE., FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-0484 • TTY:711 WWW.DETROITMLGOV

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Date: July 5, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL

ADDRESS: 15330 Ferguson

NAME: Lesa Kent

Demolition Ordered: October 27, 2014

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on June 20, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 1st deferral request for this property.

Therefore, we respectfully recommended that the demolition order be  $\underline{\text{deferred}}$  for a period of six months subject to the following conditions:

- 1. A permit for rehabilitation work shall be applied for within <u>ten</u> (10) <u>business days</u> from the date of the City Council decision.
- 2. BSEED will schedule a Progress Inspection within <u>forty-five</u> (45) <u>calendar days</u> from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every <u>forty-five</u> (45) <u>calendar days</u>, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
- 3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
  - Certificate of Acceptance related to building permits
  - Certificate of Approval as a result of a Housing Inspection
  - Certificate of Compliance, required for <u>all</u> rental properties
- 4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
- 5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
- 6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted.

David Bell Director

DB:bkd

cc: Lesa Kent, 14200 Mansfield, Detroit, MI 48227

COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVE., FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-0484 • TTY:711 WWW.DETROITMI.GOV

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Date: July 5, 2019

HONORABLE CITY COUNCIL

RECOMMENDATION FOR DEFERRAL

ADDRESS: 2212 Lothrop NAME: Brian Conklin

Demolition Ordered: November 7, 2005

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on June 26, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 1st deferral request for this property.

Therefore, we respectfully recommended that the demolition order be <u>deferred</u> for a period of six months subject to the following conditions:

- 1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
- 2. BSEED will schedule a Progress Inspection within <u>forty-five</u> (45) <u>calendar days</u> from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every <u>forty-five</u> (45) <u>calendar days</u>, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
- 3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
  - Certificate of Acceptance related to building permits
  - Certificate of Approval as a result of a Housing Inspection
  - Certificate of Compliance, required for <u>all</u> rental properties
- 4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
- The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
- 6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell Director

DB:bkd

cc: Brian Conklin, 2585 Mortenson, Berkley, MI 48072 Brian Conklin, 15817 W. 13 Mile RD, Southfield, MI 48076



COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVE., FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-0484 • TTY:711 WWW.DETROITMI.GOV

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Date: July 8, 2019

HONORABLE CITY COUNCIL

RECOMMENDATION FOR DEFERRAL

ADDRESS: 5574 Marlborough NAME: Royce Stubblefield Demolition Ordered: June 12, 2012

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on June 27, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 1st deferral request for this property.

Therefore, we respectfully recommended that the demolition order be <u>deferred</u> for a period of six months subject to the following conditions:

- 1. A permit for rehabilitation work shall be applied for within <u>ten</u> (10) <u>business days</u> from the date of the City Council decision.
- 2. BSEED will schedule a Progress Inspection within <u>forty-five</u> (45) <u>calendar days</u> from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every <u>forty-five</u> (45) <u>calendar days</u>, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
- 3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
  - Certificate of Acceptance related to building permits
  - Certificate of Approval as a result of a Housing Inspection
  - Certificate of Compliance, required for <u>all</u> rental properties
- 4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
- 5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
- 6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell Director

DB:bkd

cc: Royce Stubblefield, 3941 Aubudon, Detroit, MI 48224

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David Whitaker, Esq.
Director
Irvin Corley, Jr.
Executive Policy Manager
Marcell R. Todd, Jr.
Senior City Planner
Janese Chapman
Deputy Director

John Alexander
LaKisha Barclift, Esq.
M. Rory Bolger, Ph.D., AICP
Elizabeth Cabot, Esq.
Tasha Cowen
Richard Drumb
George Etheridge
Deborah Goldstein

# City of Detroit CITY COUNCIL

#### LEGISLATIVE POLICY DIVISION

208 Coleman A. Young Municipal Center Detroit, Michigan 48226 Phone: (313) 224-4946 Fax: (313) 224-4336

Christopher Gulock, AICP **Derrick Headd** Marcel Hurt, Esq. Kimani Jeffrey Anne Marie Langan Jamie Murphy Carolyn Nelson Kim Newby Analine Powers, Ph.D. Jennifer Reinhardt Sabrina Shockley Thomas Stephens, Esq. **David Teeter** Theresa Thomas Kathryn Lynch Underwood Ashley A. Wilson

TO:

**Detroit City Council** 

FROM:

David Whitaker, Directo

Legislative Policy Division

DATE:

July 12, 2019

RE:

Draft Memorandum of Understanding between Office of Sustainability and

the Green Task Force

The Legislative Policy Division (LPD) has been requested by Council Member Scott Benson to prepare a draft memorandum of understanding between the Detroit City Council's Green Task Force and the City's Office of Sustainability, where the Green Task Force plays an advisory role to the Office of Sustainability on greenhouse reduction initiatives. As requested LPD is submitting the prosed draft Memorandum of Understanding.

The document may be referred to the Office of Sustainability for review and to the Law Department for review and approval as to form.

If we can be of further assistance please call upon us.

# MEMORANDUM OF UNDERSTANDING BETWEEN THE CITY OF DETROIT'S OFFICE OF SUSTAINABILITY AND THE DETROIT CITY COUNCIL'S GREEN TASK FORCE

This Memorandum of Understanding ("MOU"), dated _	, 2019, is entered into by the City of
Detroit's Office of Sustainability ("OoS"), and the Detroi	t City Council's Green Task Force (GTF) in an
effort to cooperate and coordinate their respective expe	ertise by allowing the OoS to receive from GTF in
an advisory capacity information relative to greenhouse	reduction initiatives.

#### **RECITALS:**

- A. In 2017, the Mayor's office established the OoS with a mission to create healthy, green, vibrant, accessible neighborhoods where all Detroiters can contribute and benefit through: (i) Collaboration between City departments and agencies; (ii) Engagement and partnership among the City, citizens, and relevant organizations; and (iii) Process and policy improvement.
- B. The GTF has been established pursuant to City Council Rules Section 3.5.3 *Special Committees*, subsection 3.5.3.2 *Taskforce*, that allows for the creation of a taskforce for the purpose of studying a particular problem or issue that is limited to one year, but may be renewed annually by resolution.
- C. The GTF has the dual focus of promoting internal sustainability practices to help City Government become more energy efficient and also to promote a sustainability agenda throughout Detroit as a whole.
- D. The Administration and the City Council are in agreement that the collaboration between the OoS and the GTF would be effective and efficient in the promotion and development of greenhouse gas reduction initiatives and have reached a mutual understanding as to the following:

Section 1, Purpose: The purpose of the MOU is to provide the OoS the availability to engage with the GTF as an advisory body with regard to developing greenhouse gas deduction initiatives. The City Charter, Section 6-509 *Green Initiatives and Technologies,* provides that the City will implement a long-term strategic plan ("Green Initiatives and Sustainable Technologies Plan" or "GIST Plan") for the establishment, use and support of green initiatives, technologies and businesses, utilizing public and private partners. In furtherance of that objective, <u>Subsection 6-509(5)</u> provides that the Mayor may create advisory commissions under section 7-103 to assist with the development, monitoring, implementation and revision of the GIST Plan.

Section 2, Authority: The Administration and the City Council mutually understand that pursuant to the City Charter, 7-103, *Advisory Commissions*, that it is within the purview of the Mayor to establish advisory commissions to advise the Mayor or any administrative department. This MOU is entered into by and between the legislative and executive branches of government and that the Administration is selecting the GTF to serve in an advisory capacity pursuant to the authority granted under Section 7-103.

Section 3, GTF: The OoS entering this MOU understands that the GTF is established pursuant to City Council Rules of Procedure, Subsection 3.5.3.2 *Taskforce*. The representatives of the GTF consist of

numerous environmental advocacy groups, non-profit organizations, environmental businesses, government employees and residents and will be available in an advisory capacity as long as the GTF continues to be established pursuant to City Council Rules. The GTF is established for one year and may be renewed annually by resolution.

Section 4, Term: This MOU shall be effective as of the date upon which it is signed by the authorized representative of the OoS, and a resolution by the City Council of approval is obtained. The MOU will remain in effect unless or until the OoS submits a written notice of termination of the MOU to City Council and/or the GTF has been dissolved or discontinued. Upon termination of the MOU, the authority granted pursuant to Section 7-103 allowing the GTF to be utilized in an advisory capacity shall be voided.

This MOU being executed by the Parties:

City of Detroit's Office of Sustainability	Detroit City Council's Green Task Force
Ву:	Ву:
Print:	Print:
lts;	Its:
Dated:, 2019	Dated:, 2019



COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, SUITE 1026 DETROIT, MICHIGAN 48226 PHONE: 313 a 629 2159

PHONE: 313 • 628-2158 FAX: 313 • 224 • 0542 WWW.DETROITMI.GOV

July 10, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to accept and increase in appropriation for the FY 2019 Comprehensive Agreement, Local Health Opioid Response Grant

The Michigan Department of Health and Human Services (MDHHS) has awarded an increase in appropriation to the City of Detroit Health Department for the FY 2019 Comprehensive Agreement, Local Health Opioid Response Grant in the amount of \$28,000.00. There is no match requirement for this grant. The total amount increase is \$28,000.00. This funding will increase appropriation 20627, previously approved in the amount of \$40,000.00 by council on 02/05/2019 to a total of \$68,000.00.

The Local Health Opioid Response Grant is a reimbursement grant. The objective of the grant is to expand the Health Department's Opioid Academic Detailing Initiative. This grant will enable the department to increase the number of pharmacies registered under the MDHHS standing order to distribute naloxone, and host an educational event to train pharmacist on opioid misuse and Naloxone administration.

I respectfully ask your approval to accept the increase in appropriation funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs

Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants Sajjiah Parker, Assistant Director, Grants

This Request has been approved by the Office of the Budget Department.



#### RESOLUTION

Council	Member_		

WHEREAS, the Health Department is requesting authorization to accept an increase in appropriation for the FY 2019 Comprehensive Agreement, Local Health Opioid Response Grant, from Michigan Department of Health and Human Services (MDHHS) in the amount of \$28,000.00 in order to expand the Health Department's Opioid Academic Detailing Initiative; and

WHEREAS, this funding will increase appropriation 20627 previously approved in the amount of \$40,000.00, by council on 02/05/2019 to a total of \$68,000.00; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the modified grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to increase the budget accordingly for appropriation number 20627, in the amount of \$28,000.00, for the FY 2019 Comprehensive Agreement, Local Health Opioid Response Grant.

### RE: Opioid Grant - Immediate Response Needed

Whitmire, Janine (DHHS-Contractor) < WhitmireJ@michigan.gov>

Thu 6/27/2019 10 49 AM

To: David Yeh <yehd@detroitmi.gov>

Cc: Adaora Ezike <ezikea@detroitmi.gov>; Kanzoni Asabigi <asabigik@detroitmi.gov>; Valentina Djelaj

<DjelajV@detroitmi.gov>; Jean Ingersoll <Ingersollj@detroitmi.gov>

Good Morning -

We are pleased to announce that you have been granted an additional \$28,000 for the Local Health Opioid grant. This brings your total to \$68,000. We are in the process of applying for an extension. When we have a decision on the extension we will let all grantees know.

Please let me know if you have any questions.

Thank you.

Janine Whitmire
Operations Analyst
Office of Local Health Services
Michigan Department of Health and Human Services
517-284-4027

From: David Yeh <yehd@detroitml.gov> Sent: Wednesday, June 12, 2019 4:59 PM

To: Whitmire, Janine (DHHS-Contractor) < Whitmire J@michigan.gov>

Cc: Adaora Ezike <ezikea@detroitmi.gov>; Kanzoni Asabigi <asabigik@detroitmi.gov>; Valentina Djelaj

<DjelajV@detroitmi.gov>; Jean Ingersoll <Ingersollj@detroitmi.gov>

Subject: RE: Opioid Grant - Immediate Response Needed

Dear Ms. Whitmire,

Thank you for reaching out to our Health Officer with the opportunity below. On behalf of the Detroit Health Department, I would like to submit a request for \$28,000 to:

- 1. Expand academic detailing and public awareness of opioid misuse and Michigan's Naloxone Standing Order
- Host a Continuing Education event to increase clinician awareness of opioid misuse and prescribing practices, and train them on overdose response and Naloxone administration

We're grateful for this opportunity. Please do not hesitate to reach out should you need any additional details for this request.

Best.

Dave

Dave Yeh

**Director of Special Projects** 

City of Detroit

## **Detailed Budget - Amendment to MDHHS LHOR Grant** 7/10/2019

Expense Category	Total Cost	Notes
Continuing Education Event		
Venue/Food	\$ 6,000	Continuing Education event space and food
CE Credit	5 2,400	200 Continuing Education Credits at \$12/Clinician
Total CE Event Cost	\$ 8,400	
Academic Detailing		
Academic Detailing (Contracted Services)	\$ 9,467	Fees for registered pharmacists and pharmacy students to conduct outreach to community pharmacists to register under MDHHS Standing Order
Communty Access Point Materials	\$ 8,000	Displays, brochures, pamphlets, stickers, signage, kits, etc. to put in community pharmacies per MDHHS Standing Order
Total Academic Detailing Cost	\$ 17,467	
Subtotal	\$ 25,867	
SEMHA Fee (5% of Direct Costs)	5 1.293	Standard fee charged by 501(c)(3) fiscal agent on all funds administered
City Fee (3% of Total Award)	\$ 840	Standard City of Detroit charge on grant funds received
Total Award	\$ 28,000	



COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, SUITE 1026 DETROIT, MICHIGAN 48226 PHONE: 313 \* 628-2158

FAX: 313 \* 224 \* 0542 WWW.DETROITMI.GOV

June 28, 2019

The Honorable Detroit City Council ATTN: City Clerk Office
200 Coleman A. Young Municipal Center Detroit MI 48226

RE: Request to Accept and Appropriate the FY 2019 National Training and Technical Assistance Grant

The U.S. Department of Health and Human Services, Health Resource and Services Administration (HRSA), has awarded the City of Detroit Health Department with the FY 2019 National Training and Technical Assistance Grant for a total of \$81,763.00. There is no match requirement.

The objective of the grant is to create a targeted HIV awareness campaign in the City of Detroit. The funding allotted to the department will be utilized to support social media and peer outreach efforts to educate Young Black Men who have Sex with Men (YBMSM). This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 20669.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs

Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department This request has been approved by the Office of Budget



#### RESOLUTION

Council	Member.	

WHEREAS, the Detroit Health Department is requesting authorization to accept a grant of reimbursement from U.S. Department of Health and Human Services, Health Resource and Services Administration (HRSA), in the amount of \$81,763.00, to create a targeted HIV awareness campaign in the City of Detroit; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20669, in the amount of \$81,763.00, for the FY 2019 National Training and Technical Assistance Grant.

1. DATE ISSUED: 06/14/2019	2. PROGRAM CFDA: 9	3,914	U.S. Department of Health and Human Services	
3. SUPERSEDES AWAR	RD NOTICE dated:		<b>QUDGA</b>	
except that any additions or restrict	ions previously imposed remain in effect	unless specifically rescinded		
4a. AWARD NO.: 1 U69HA33217-01-00	4b. GRANT NO.: U69HA33217	5. FORMER GRANT	Health Resources and Services Administration NOTICE OF AWARD	
6. PROJECT PERIOD:		ino	AUTHORIZATION (Legislation/Regulation	1)
FROM: 07/01/2019 T	HROUGH: 06/30/2021		Public Health Service Act, Title XXVI, Section Public Health Service Act sec. 2692, 42 U.S.C. sec	2692 : 300ff-111
	OR PROGRAM): National Tr	aining and Technical Assista	Section 2674 of the Public Health Service Act, 42 U.S. Sections 2606, 2619, 2654, and 2671 (42 U.S.C. §306 Public Health Service Act, as amended by the Ryan W. Public Health Service Act, as amended by the Ryan W. Public Health Service Act, Title III, Section 301; Pul Service Act, Sections 2606, 2619, 2654, 2671, and 26 §300ff-111), as amended by the Ryan White HIV/AID Extension Act of 2009 (P.L. 111-87)  Public Health Service Act, Title III, Section 301; Pul Service Act, Sections 2606, 2619, 2654, 2671, and 26 §300ff-111), as amended by the Ryan White HIV/AID Extension Act of 2009 (P.L., 111-87) and the Cons Appropriations Act of 2012 (PL.112-74), Division F. Section 311(c) of the Public Health Service Act, 42 L Sections 2606, 2654, and 2671, of Title XXVI of the P. Service Act, and Section 311 (c) of the Public Health 42 USC 243(c), as amended by the Ryan White F. Treatment Extension Act of 2009 (P.L. 118-8 Sections 2606, 2654, and 2671 of the Public Health Service Act, 42 USC 243(c) as amended by the Ryan White F. Service Act, 42 USC 243(c) as amended by the Ryan White F. Service Act, 42 USC 243(c) as amended by the Ryan White F. Sections 2606, 2654, and 2671 of the Public Health Service Act, 42 USC 243(c) as amended by the Ryan White F. Sections 2606, 2654, and 2671 of the Public Health Service Act, 2606 (42 USC 300ff-16), s. the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)  Sections 2606 and 2654(b) of the Public Health Service Act (42 U.S.C. § 300ff-54), as amended by the Ryan White F. Treatment Extension Act of 2009 (P.L. 114-1 H, Title II Section 2606 and 2654 of the PHS Act (42 U.S.C. § 300ff-54), as amended by the Ryan White F. Treatment Extension Act of 2009 (P.L. 111-87)  Section 2601 of the Public Health Service Act (42 U.S.C. § 300ff-54), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)	off-111) of the hille HIV/AIDS iblic Health is 2 (42 U.S.C. In the hille HIV/AIDS iblic Health is 2 (42 U.S.C. In the hille Health is 2 (42 U.S.C. In the hille Health is 3 (42 U.S.C. In the hille Health is 3 (42 U.S.C. In the hille Health in the hill hill hill hill hill hill hill hi
9. GRANTEE NAME AND			10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL	
Detroit, City of 3245 E Jefferson Ave Ste	100		INVESTIGATOR) Leanne F Savola	
Detroit, MI 48207-4222			Detroit, City of	
DUNS NUMBER: 603005542			3245 East Jefferson Avenue Detroil, MI 48207-4222	
	:(Excludes Direct Assistance	}	12. AWARD COMPUTATION FOR FINANCIAL ASSIS	TANCE:
[X] Grant Funds Only		•	a. Authorized Financial Assistance This Period	\$81,763.00
[ ] Total project costs in	cluding grant funds and all oth	ner financial participation	b. Less Unobligated Balance from Prior Budget	+-11100.00
a . Salaries and Wages :		\$36,975.00	Periods	10
b , Fringe Benefits :		\$15,160.00	i. Additional Authority	\$0.00
c . Total Personnel Costs	;	<b>\$52,135.00</b>	ii. Offset	\$0.00
d . Consultant Costs :		\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00
e . Equipment :		\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
f. Supplies:		\$650.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS	\$81,763.00
g . Travel :		\$522.00	ACTION	
h . Construction/Alteration	and Renovation :	\$0.00	<ol> <li>RECOMMENDED FUTURE SUPPORT: (Subject availability of funds and satisfactory progress of project)</li> </ol>	to the

\$8,556.00

YEAR

**TOTAL COSTS** 

1. Other:

Date issued: 0/14/2019 11:07:05 AM Award Number: 1 U69HA33217-01-00

k . Trainee Related Expenses :	\$0.00		
I. Trainee Stipends:	\$0.00	14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu	of cash)
M Telegram Table	¥3.54	a. Amount of Direct Assistance	\$0.00
Trainee Tuition and Fees :	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00
n , Trainee Travel :	\$0.00	c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
o . TOTAL DIRECT COSTS :	\$81,763.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00		
q . TOTAL APPROVED BUDGET :	\$81,763.00		
i. Less Non-Federal Share:	\$0.00		
il. Federal Share:	\$81,763.00		

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

A=Addition B=Deduction C=Cost Sharing or Matching D=Other Estimated Program Income: \$0.00

[A]

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above, b. The grant program regulation cited above c. This award notice including terms and conditions, if any, noted below under REMARKS d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shell prevail. Acceptance of the grant terms land conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Atlached [ X ]Yes []No)

Electronically signed by Karen Mayo , Grants Management Officer on : 06/14/2019

17. OBJ. CLASS: 41.51 18. CRS-EIN: 1386004606A2 19. FUTURE RECOMMENDED FUNDING: \$0.00

		101121110: 40:00				
CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	ACCOUNT	
02.044	40110011400045				CODE	
93.914	19U69HA33217	\$81,763.00	\$0.00		19SMAIF	
	<b>CFDA</b> 93.914		Partition, Addition	AMI. DR. ASSI.	93 014 10 USD MASSON 2	

Date Issued: 0/14/2019 11:07/05 /AM Award Number: 1 U6911A33217-01-00

### HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

#### **Terms and Conditions**

Fallure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

#### Program Specific Term(s)

- Resumes/CV's for key personnel supported by this cooperative agreement and not named in the FY 2019 application must be submitted to
  the HRSA Grants Management Office through the EHB Prior Approval Portal for review prior to appointment to the project. This requirement
  also includes all key personnel hired due to vacancy, resignation, termination or attrition subsequent to the Issue date on the Notice of
  Award.
- 2. The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. In accordance with 45 CFR 75.322(b), HRSA HAB reserves a royalty free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.
- 3. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program in subsequent fiscal years, recipient satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.
- 4. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report Information for each subaward of \$25,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170 (http://www.hrsa.gov/grants/(fata.html)). The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: http://www.hrsa.gov/grants/ffata.html.
- 5. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure compliance with programmatic requirements. See http://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters.
- 6. This award is subject to 45 CFR part 75--Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.
- 7. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at http://www.access-board.gov.
- 8. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
- Unless otherwise specified, all Conditions, Program Terms and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHBs).
- 10. The recipient shall follow HHS Section 508 requirements for making all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully 508 compliant. Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) ensures that members of the public with disabilities have the ability to access government information and services. The Section 508 technical and functional standards are codified at 36 CFR Pert 1194 (See 36 CFR 1194.21(a)-(j).) and may be accessed through the Access Board's Web site at http://www.access-board.gov.
- 11. Funding will be provided in the form of cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. The recipient is expected to collaborate with HAB and its RWHAP recipients to achieve the expectations described.

Date Issued: 0/14/2019 11:07:05 AM Award Number: 1 U6911A33217-01-00

project activities in sufficient time to provide input and/or assistance. This substantial involvement is in addition to the usual monitoring and technical assistance provided under the cooperative agreement. As a cooperative agreement, HRSA programmatic involvement will include:

- · Providing the expertise of HAB personnel and other relevant resources to support the efforts of the targeted technical assistance activities to improve health outcomes along the HIV care continuum;
- · Participating in the design and direction of the strategies, interventions, tools, and processes to be established and implemented for accomplishing the goals of the cooperative agreement;
- · Providing ongoing review of the establishment and implementation of activities and measures for accomplishing the goals of the cooperative agreement:
- · Participating, as appropriate, in conference calls and meetings that are conducted during the project period of the cooperative agreement;
- · Reviewing and concurring with all Information products prior to dissemination; and
- · Facilitating the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader network of RWHAP recipients.

In collaboration with HRSA, the cooperative agreement recipient's responsibilities will include:

- · Completing proposed technical assistance activities within the two-year project period;
- · Collaborating with HRSA on review of activities, procedures, and budget items, including timely communication with project officer;
- · Developing and implementing a methodology, including proposed metrics, to measure the impact of proposed technical assistance activities;
- · Ensuring proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified target population(s);
- · Developing a sustainability plan to support successful activities following conclusion of the cooperative agreement;
- · Modifying activities as necessary to ensure relevant outcomes for the project; and
- · Participating in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA award funds.
- 12. No funds will be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.
- 13. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds. You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: http://www.dpm.psc.gov/grant\_recipient/grantee\_forms.aspx and send it to the fax number indicated on the bottom of the form. If you have

any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:

http://www.dpm.psc.gov/contacts/contacts.aspx?explorer.evenl=true.

- 14. Per 45 CFR §75.351 .353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.
- 15. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See https://www.aids.gov/federal-resources/policies/syringe-services-programs/, Recipients are prohibited from using RWHAP funds to support Syringe Services Programs, inclusive of syringe exchange, access and disposal.
- 16. The recipient must comply with statutory requirements regarding the timeframe for obligation and expenditure of funds, and must comply with any cancellation of unobligated funds.
- 17. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.
- 18. RWHAP funds may not be used to make cash payments to intended clients of RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Channelle and that are be rederined at any manchest or an efficient aroun of marchests for annelle and as are than that to other than

**Project Title:** Building Capacity for HIV Elimination in Ryan White HIV/AIDS Program Part A Jurisdictions

Applicant Organization Name: Detroit Health Department- HIV/STI Program

Address: 3245 E. Jefferson, Detroit Michigan, 48207

Project Director: Leanne F. Savola, HIV/STI Program Director on behalf of Joneigh S. Khaldun,

MD, MPH, FACEP, Director and Health Officer

Contact Phone Number: (313) 876-0266; Fax Number: (313) 202-9850

Email addresses: savolaL@detroitmi.gov; Website: http://detroitmi.gov/health

Selected Category: Information Dissemination and Marketing

Proposed Activities: Targeted Awareness Campaign (including social media efforts) Summary of Proposed Activities: The Detroit Health Department plans to partner with the YBMSM community in Detroit to develop a campaign that shows that HIV viral suppression is attainable and should be encouraged, celebrated and maintained. A YBMSM work group led by a YBMSM, will drive the campaign and the end product will be a direct representation of their work and ideas. Messages will target peers in the YBMSM community and their support system. In addition to media products that will provide positive messages about the importance of viral suppression, the work group and Program staff will engage in instant two-way conversation with YBMSM. This will create a space where people can feel anonymous and safe, which is particularly important with a topic as stigmatized as living with HIV is among YBMSM. Supporting Data: YBMSM represent the only demographic group in the City of Detroit, metropolitan area and State of Michigan experiencing an increase in HIV diagnosis rates. The rate of new diagnoses among non-YBMSM in Detroit decreased by 50% from 2000 to 2015, while the rate of new diagnoses among YBMSM has more than doubled. YBMSM are estimated to make up less than half of a percent of Detroit's population but accounted for 38% of new HIV diagnoses in 2017. While YBMSM living with HIV slightly trail PLWH in care engagement, the largest drop off among YBMSM is in viral suppression, followed by maintenance of suppression. In 2017, 42% of diagnosed YBMSM were virally suppressed compared to 65% of all diagnosed PLWH in Detroit. Further, only 29% maintained suppression throughout 2017, compared to 40% of all PLWH.

Intended Impact: The proposed activities will provide YBMSM and their support networks (family, friends and loved ones) with information on the importance of reaching and maintaining viral suppression to stay healthy and prevent transmission to sexual partners. This information will reduce stigma and encourage open discussion about living healthy with HIV among YBMSM, their support networks and the health department. In turn, the increased knowledge and community support will provide incentive for YBMSM to seek out, initiate use of and adhere to antiretroviral therapy.

**Funding Request:** For the two year period, the Detroit eligible metropolitan area is requesting a total of \$137,660. This includes \$81,763 for the first year (September 1, 2019- August 31, 2020) and \$55,897 for the second year (September 1, 2020- August 31, 2021).

#### INTRODUCTION

The Detroit Health Department's Ryan White Part A Program proposes to implement technical assistance activities related to **Information Dissemination and Marketing**, specifically a **Targeted Awareness Campaign**.

The campaign will consist of social media efforts designed and implemented by and for young black gay, same-gender loving, bisexual and other men who have sex with men (YBMSM). The campaign will consist of positive HIV care messages and images on YBMSM-appropriate social media platforms plus participatory and reciprocal engagement with the community through live conversations. The purpose of the social media campaign is to increase knowledge of the importance of reaching and maintaining viral suppression, resulting in an increase in viral suppression among YBMSM in the City of Detroit.

For this application, YBMSM are defined as African American and black gay, same-gender loving, bisexual and other men who have sex with men, ages 15 – 29, who live in the City of Detroit.

These technical assistance activities will strengthen efforts in the Detroit eligible metropolitan area (DEMA) to end the HIV epidemic through improvements along the HIV care continuum for YBMSM. The proposed activities will provide YBMSM and their support networks (family, friends and loved ones) with information on the importance of reaching and maintaining viral suppression to stay healthy and prevent transmission to sexual partners. This information will reduce stigma and encourage open discussion about living healthy with HIV among YBMSM, their support networks and the health department. In turn, the increased knowledge and community support will provide incentive for YBMSM to "seek, initiate and adhere to antiretroviral therapy," as noted in a recent opinion piece in the Journal of the American Medical Association.¹ With the promise of Undetectable=Untransmittable, "achieving and maintaining an undetectable viral load becomes an aspirational goal and offers hope for persons living with HIV".²

Given the relatively small size and timeframe of this award, this opportunity will be used to develop and pilot the social media campaign in the City of Detroit. The proposed activities will be completed within the two-year period of performance. A sustainability plan will be developed and, if successful, the campaign will be expanded throughout the DEMA (and possibly the State).

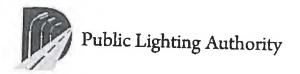
As this funding is provided in the form of a cooperative agreement, it is the perfect opportunity for the Part A Program to have the support of the Health Resources and Services Administration in developing, launching and evaluating this campaign. Through this partnership, the Part A Program will be better placed to use social media in its work and YBMSM who work on the campaign will gain leadership skills they can apply to ending the epidemic.

This is a new proposal and is not an expansion of a previously funded Part A activity.

<sup>z</sup> Ibid.

<sup>&</sup>lt;sup>1</sup> Eisinger RW, Dieffenbach CW, Fauci AS. (2019). HIV Viral Load and Transmissibility of HIV Infection: Undetectable Equals Untransmittable JAMA. doi:10.1001/jama.2018.21167





65 Cadillac Square, Suite 3100 Detroit, MI 48226 313,324,8291 office 313.638.2805 fax pladetroit.org

OUR WESSION is to improve, modernize and maintain the street lighting system in Detroit.

July 11, 2019

The Honorable City Council 1340 Coleman A. Young Municipal Center Detroit, Michigan 48226

St. John's Presbyterian Church Petition #809

Dear Council Members:

St. John's Presbyterian Church is requesting permission to hang approximately 4 banners on E. Lafayette near St. Aubin to celebrate St. John's 100th year anniversary.

The Public Lighting Authority has inspected poles and finds them to be structurally sound and is recommending approval for St. John's Presbyterian Church to hang banners on approved pole locations from August 1, 2019 to August 1, 2020.

Respectfully Submitted,

Beau Taylor, Executive Director **Public Lighting Authority** 

Petition

Enclosure:

cc: Council Members

> File PLD

> > CILL CREEK SOOF OUR TO SHELD

# City of Metroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

### DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, April 09, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

## DPW - CITY ENGINEERING DIVISION BUSINESS LICENSE CENTER PUBLIC LIGHTING DEPARTMENT

809 St. Johns Presbyterian Church, request to install approximately 4 banners on Lafayette near St. Aubin



Office Use Only: Petition Number:

# City of Detroit Banner Permit Application Form for Banners in the Public Right-of-Way

NOTE: This application is for the proposed banner(s) for a specified period of time only. After expiration of the permit (if granted), or should the banner change in any way, another application will be required.

Please type or print information clearly:

	。 1111年 - 1111年 - 11		
Contact Name:	JANICE HE	PWELL	
Name of Organizat	ion: St.Jo	hwis Presbyterian	Church
Maning Address:	1961 E ho	afayette	- rear ch
City/State/Zip Code	: Detroit A	11 48207	
Phone: <u>813</u> , 567.	-3610	Fax: (_) E-Mail: Jbhou	UPUSCALOR COMPONET TOOL
Sponsoring Organiza	ntion (if applicable):		5000 SONEASI, NET
Type of banner(s): [  * If registered as a nor	]City ]Community	[X]Non-profit*  [ ]Special event  te your non-profit status identification per:38 - 1555040	[ ]Business district** [ ]Holiday number and attach a copy of the
if applying for a bu	osiness district banner( business district:	(a)	
Type of Request:	[X] Initial Permit	[ ] Permit Renewal*	
If this request is for p	ermit renewal, please	provide the following:	
Permit identification			

U YG Q YINU BANNDRUGON DAVNYO
Contact Name: Jance Howell
Name of Organization: St John's Presbyterian Church
Mailing Address: 1961 E. Lafaypite
City/State/Zip Code: Detroit MI 48207
Phone: (313 567-361) Fax: () E-Mail: John Well 3610 & Come as
THE BANNER INTO RANKITONES.
Purpose of banner(s):
St. John's 100th yr. anniversory
Number of banner(s) to display:  Streets on which banner(s) are to be displayed:  E. Lafa yelte new St Aubin
Trunk Lines and Wayne County Roads attached.)  Yes*  No
If yes, please note that the application must be submitted a minimum of 180 days prior to requested istallation date (see Section 3 of the Policy on Banners in the Public Right-of-Way for details).
escribe wording on banner(s) and any graphics:
St. John's Presbylerian Church - Celebrating a Certury ob 100th Anniversary Doing God's Word 1919-2019 Fritz Land
100th Anniversary Doing God's word
1919-2019 (Dictare of a Church)

The following items MUST BE included in the permit application package in order for it to be considered:

- 1. Completed banner permit application form
- 2. Signed and dated indemnity agreement (Attachment A)
- 3. Signed and dated maintenance and removal agreement (Attachment B)
- 4. Copy of certificate of insurance
- 5. Sketch, drawing, or actual sample of the banner to be displayed (see example attached)
- 6. Listing and/or map of the specific locations for the banners
- 7. \$100 non-refundable permit fee
- 8. A refundable deposit (amount specified in Section 4 of the Policy on Banners in the Public Right-of-Way) to be held in escrow presented to the Consumer Affairs Department prior to the issuance of a

The undersigned applicant(s) agrees to abide by the provisions set by the City of Detroit to suspend a banner or

banners during the time period requested for this	permit.
Janice Howell Applicant: Print Name  Applicant: Signature	Commercial Banner Representative: Print Name (i.e., installer/remover)  Commercial Banner Representative: Signature
4/4/19 Date:	Date:

# Attachment A AGREEMENT OF INDEMNITY

CITY	OF	DET	R	Ol	T:
------	----	-----	---	----	----

For and in consideration of the granting of a permit by the City of Detroit to suspend a banner or banners, th undersigned does agree to indemnify and hold harmless the City of Detroit, its officers, agents, and employees from any and all claims arising out of the placement of, maintenance of, use of, or removal of banners, including claim. involving banners (or the structure upon which they are hung) falling on people or property.

INDEMNITOR(S):	
- Samo House	
Signature of Authorized Representative (Organization)	
Name JUNICE HOWELL	_
Address	
- 1010 Trevor Place	
City State, Zip Code	
Detroit 48207	_
relephone Number	
313-567-3610	
5. 3010	
and since	
Signature of Authorized Representative (Banner Company)	
Fast signs DE troit DBA Detroit Signs 110	-
Name 5	
2648 E. Jeffenson AVE SuitE B	-
0	
Detroit, MI 48207	
ity, State, Zip Code	
313-345-5858	
elephone Number  Date	
Date	

# Attachment B MAINTENANCE & REMOVAL AGREEMENT

It is understood and agreed that during the initial display, and subsequent renewal periods if applicable, the permitte shall be responsible for inspecting banners and poles, replacing and/or removing banners that are torn, defaced or general disrepair, including rigging. Where any street banner is found to present an immediate threat of harm to the public health, welfare or safety, the City shall summarily cause its removal.

It is also understood and agreed that banners are to be removed within seventy-two (72) hours of the revocation dat of the permit. Any street banner not removed within that time period shall be removed by the City without notice to

If the City removes banners because they are in disrepair, present a threat of harm, or because the permit has expired, it is understood and agreed that a portion or all of the refundable deposit will be forfeited by the permittee in order to cover the City's expense. If the expense of removal exceeds the amount of deposit, it is understood and agreed that the excess amount shall be collected from the person/entity to which the permit was issued

It is also understood and agreed that in such cases when the City removes banners there is no guarantee that the

Commercial Banner Representative: Print Name

(i.e., installer/remover)

Commercial Banner Representative: Signature

# STATE TRUNK LINES AND WAYNE COUNTY ROADS

Banners installed on State trunk lines or Wayne County Roads are subject to additional requirements. Permits for banners on State trunk lines or Wayne County Roads must comply with State and County guidelines. (Please see the City of Detroit Policy on Banners in the Public Right-of-Way for details.)

### A. Michigan State Trunk Lines in the City of Detroit

Cadillac Square

**Jeffries** 

Clark Street

John C. Lodge

Clifford & Middle

Michigan Avenue

Davison

Randolph (Cadillac Square to Jefferson)

Edsel Ford

Schaefer

Eight Mile Road

Shore Street

Fisher Ford Road

Southfield

Fort Road

Telegraph Road

Grand River

Van Dyke W. P. Chrysler

Gratiot

Washington Boulevard

Greenfield Groesbeck

Woodward Wyoming

Hoover

### B. Wayne County Roads in the City of Detroit

Wayne County Road

Limits

Chandler Park Drive

Dickerson to Outer Drive

Chandler Park Drive

Whittier to Moross

West Chicago Blvd.

Lamphere to West City Limits

Conant Davison

South from Carpenter to Harntramck West Line Twelfth to Highland Park West-City Limits

Davison

Syracuse to Dwyer

Dix

Dix

Woodmere to West City Limits Rouge River Bridge to Oakwood Blvd.

Edward Hines Drive

West City Limits to South City Limits and Warren

Fenkell

200 East of Wyoming to West City Limits

Five Points

Eight Mile Road to Puritan

Gaines

Southfield East Service Drive to 390 East

Greenfield

Tireman to James Couzens Drive

Greenfield

Paul to Tireman

West Jefferson

Brennan to Rouge River

Joy Road Kelly Road

Greenfield to West City Limits Morang to Kingsville

Kelly Road Lahser Road

Kingsville to Eight Mile Chalfonte to Eight Mile Road

Lamphere Road

Outer Drive South to R.R. to Outer Drive

# B. Wayne County Roads in the City of Detroit (continued)

Mack Wayburn to North City Limits (650' of Moross) McNichols

Wyoming to Five Points McNichols

Alley West of Oakland to G.T.W.R.R. McNichols

G.T.W.R.R. to Dequindre Miller Road

Dearborn-Road to Fort-Street Moross Road

Redmond to Mack Mound Caniff to Eight Mile Outer Drive Dunfries to Bassett Outer Drive Warren to Livernois Outer Drive Dequindre to McNichols Outer Drive Conner to Chandler Park

Outer Drive Alter to Whittier

Outer Drive Chandler Park to Mack

Schaefer Highway Oakwood Boulevard to Dunfries Schaefer Highway

Dunfires to Bassett Schoolcraft Grand River to Patton Seven Mile Road East Gratiot to Redmond Seven Mile Road East

Woodward to Five Points Swift

West Line of Hull to East Line of Swift Tireman

200' East of Miller Road (Meyers) to Greenfield Warren D.T.R.R. to 600' East

Warren Greenfield to Heyden Warren Heyden to West City Limits Wyoming

130' South of Michigan to Michigan Wyoming

Ford Road to D.T.R.R.

### A. Hanging Banners from Utility Poles

Nothing may be attached to a utility or light pole without the permission of the City. The City Council can grant permission to attach banners to Lighting Department poles. To get permission to hang banners you must petition the City Council. The petition should identify where you want to hang the banners, what the banner will say and how long the banners will hang.

No banner will be allowed to block the view of traffic signals or signs. The Public Lighting Department will inspect the poles before advising the City Council about allowing any banners to be attached. The permission given by City Council is good for up to six months. If you want to hang banners for more than six months, you should petition the City Council for an extension.

The Petitioner is responsible for purchasing, installing and removing the banners and the hardware needed to hang them.

The Public Lighting Department will supply a copy of its Banner Specifications upon request.

#### A. Hanging Banners from Utility Poles

Nothing may be attached to a utility or light pole without the permission of the City. The City Council can grant permission to attach banners to Lighting Department poles. To get permission to hang banners you must petition the City Council. The petition should identify where you want to hang the banners, what the banner will say and how long the banners will hang.

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The Petitioner is responsible for purchasing, installing and removing the banners and the hardware needed to hang them.

The Public Lighting Department will supply a copy of its Banner Specifications upon request.

		-	



Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 611 Detroit, Michigan 48226 (313) 224-3901 • TTY:711 (313) 224-1464 www.detroitmi.gov

July 8, 2019

#### HONORABLE CITY COUNCIL

**RE:** Petition #951 – *Jefferson Village*, request to install approximately 8 banners along Edlie St., Lilibridge St., Harding St., Meadowbrook St., Montclair St., and St. Clair St. in order to display community name.

The Department of Public Works, Traffic Engineering Division received the above referenced petition. This department has no objections to the placement of banners, provided that the banner installation is in compliance with the banner policy adopted by your Honorable Body on November 30, 2001, and subject to the following conditions:

- 1. **Eight (08)** banners are to be located along Edlie St., Lilibridge St., Harding St., Meadowbrook St., Montclair St., and St. Clair St as shown on the attached map below.
- 2. The duration of banner installation shall be from July 16, 2019 through July 1st, 2020.
- 3. Banners shall not exceed thirty-two (32) inches in width by ninety-four (94) inches in height and should be acrylic or vinyl with standard slitting (also called "Happy Faces").
- 4. Banners shall be affixed to allow minimum of (15) feet clearance from walkway surface.
- 5. Banners shall not include flashing lights that may be distracting to motorists.
- 6. Banners shall not have displayed thereon any legend or symbol which is, or resembles, or which may be mistaken for a traffic control device, or which attempts to direct the movement of traffic.
- 7. Commercial advertising is strictly prohibited on all banners; including telephone numbers, mailing addresses, and web site addresses.
- 8. A sponsoring organization's logo and/or name may be included at the bottom of the banner in a space no more than ten (10) inches in height by thirty (30) inches in length, and letter size shall be limited to four (4) inch maximum and placed at the bottom of the banner.
- 9. Sponsoring organizations may not include messages pertaining to tobacco and related products, alcoholic beverages, firearms, adult entertainment or sexually explicit products, or political campaigns.
- 10. Sponsoring organizations may not include legends or symbols which may be construed to advertise, promote the sale of, or publicize any merchandise or commodity, with the exception of sponsorship as described in the banner policy (see section 9 of the policy).
- 11. Banner placement must be a minimum of 120 feet or every other pole apart, whichever is greater, including banners that may exist at the time of the installation and is limited to a two thousand (2000) feet radius area of the event location or within the stated organization's boundaries.



# HONORABLE CITY COUNCIL (Cont.) Petition #951

- 12. The design, method of installation and location of banners shall not endanger persons using the highway or unduly interfere with the free movement of traffic.
- 13. The petitioner *SHALL* secure an approval from **Public Lighting Department** to use their utility poles to hang the banners.
- 14. The petitioner SHALL secure Right of Way permit from City Engineering Division every time the banners are changed/replaced.
- 15. The wording on the banners will be (please see below).

If deemed appropriate by the City of Detroit, The City reserves the right to have the banners removed by the Petitioner at the Petitioner's cost prior to expiration date.

Respectfully Submitted,

Ron Brundlage

Director

Department of Public Works

Copy: Linda Vinyard, Mayor's Office

Ashok Patel, Traffic Engineering Division

RB/AF/CB

# City of Metroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

### DEPARTMENTAL REFERENCE COMMUNICATION

Monday, July 1, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

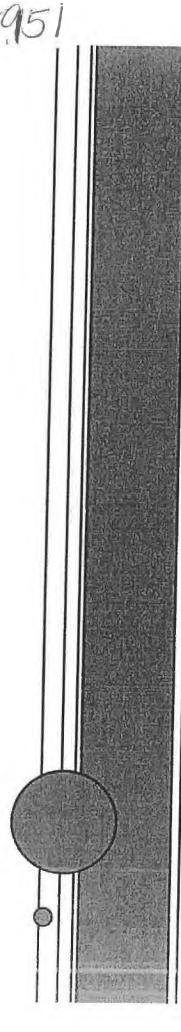
In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

## BUSINESS LICENSE CENTER DPW - CITY ENGINEERING DIVISION PUBLIC WORKS DEPARTMENT

951 Jefferson Village, request to install 8 banners on Edlie Ave, Lilibridge, Harding, Meadowbrook, Montclair and St. Clair statring in June 2019.

# **BANNER PERMIT APPLICATION**

For Banners in Public Right-Of-Ways



## Hanging Banners From Utility Poles Guidelines

The City of Detroit will allow on its light poles only Banners that promote or celebrate the City, its civic institutions, or public activities and events in the City. The City light poles will <u>not</u> be used for commercial advertising or for promoting any political social advocacy organization or political message.

No person or entity shall install, place, affix or attach a Banner on any property within the City of Detroit without first obtaining a permit. Banner permits are approved on a first-come, first-serve basis.

There are four categories of evaluation criteria:

- 1. Petitioner eligibility
- 2. Banner permit application package and fees
- 3. Banner specifications
- 4. Banner placement

The Banner permit application package must include the following items in order to be evaluated:

- Completed banner permit application form
- Signed and dated indemnity agreement
- Signed and dated maintenance and removal agreement
- Copy of certificate of insurance City of Detroit additional insured
- Sketch, drawing, or actual sample of the banner to be displayed
- Listing and/or map of the specific locations for the Banner(s)
- \$100 non-refundable permit fee submitted to Business License Department
- A refundable deposit to be held in escrow presented to Business License Department prior to the issuance of the Banner Permit – 5 or less Banners \$500.00; 6 or more Banners \$1000.00

Nothing may be attached to a utility or light pole without the permission of the City. The City Council can grant permission to attach Banners to Lighting Department poles. To get permission to hang Banners you must petition the City Council. The petition should identify where you want to hang the Banners, what the Banner will say and how long the Banners will hang.

No Banner will be allowed to block the view of traffic signals or signs. The Public Lighting Department will inspect the poles before advising the City Council about allowing any Banners to be attached. The permission given by City Council is good for up to six months. If you want to hang Banners for more than six months, you should petition the City Council for an extension.

The Public Lighting Department will supply a copy of its Banner Specifications upon request.

### **City Of Detroit Banner Permit Application**

For Banners in the Public Right-Of-Way

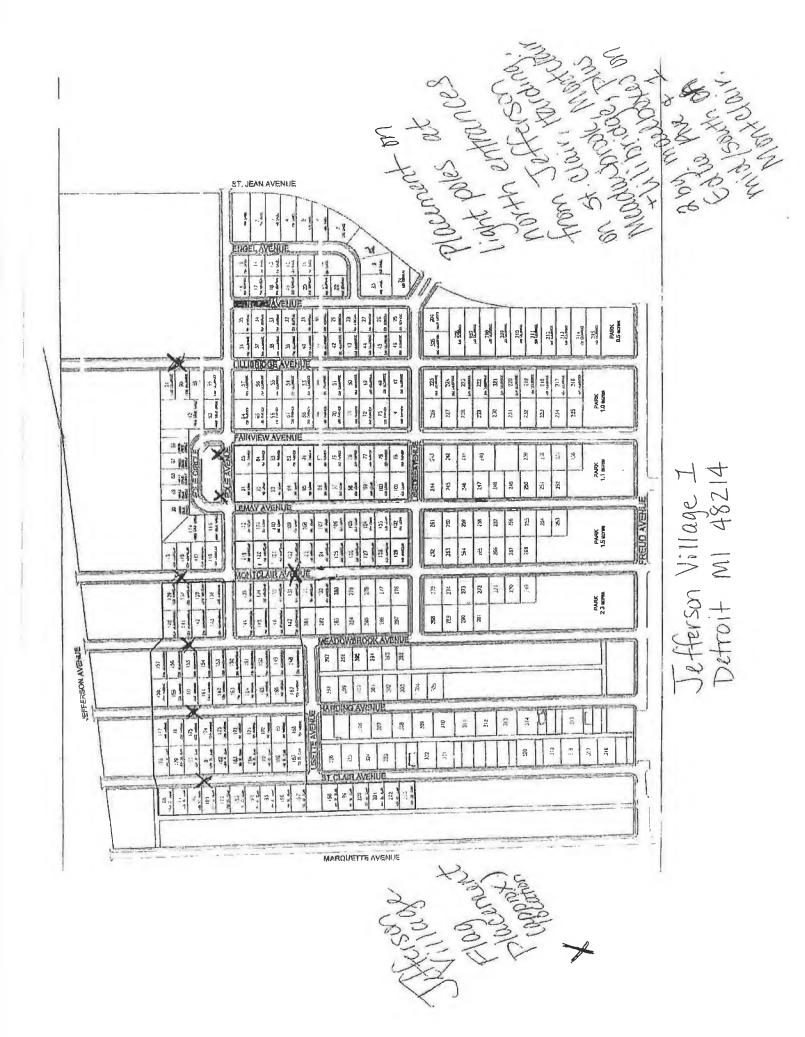
This application is for the proposed banner(s) for a specified period of time only. The City of Detroit will be strictly adhering to the Banner Permit Guidelines; please print them out for reference. This form must be completed and returned at least <u>60 days</u> prior to the date of installation. If submitted later than 60 days prior, application is subject to denial. If the requested Banner location is on a Michigan State Truck Line or Wayne County Road the application must be submitted at least <u>180 days</u> prior to the date of installation. After expiration of the permit (if granted), or should the banner change in any way, another application will be required.

	SECTION 1 - APPLICAN	T INFORMA	ATION
Contact Name: So Name of Organization: Mailing Address: %	undra Hightow Jefferson 1 The Highlander	er Village Group	3080 Orchard LLRd, Stc.
Phone Number: 248	681-7883 E-Ma	il Address:	Keeyo Harbor, MI 48320
Type of Banner(s) chec	k all that apply:	Shigh	towere highlandergroup net
[ ] City of Detroit	[ ] Non-Profit		[ ] Other
Community	[ ] Business District		
[ ] Special Event	[ ] Holiday		
If registered as a non-practice attach a copy of the cer	rofit, please indicate your no tificate.	on-profit statu	us identification number and
Non-profit ident	ification number:		
If applying for a busines	s district banner(s) please id	dentify the bu	usiness district.
<b>Business District</b>			
		•	
Type of Request:			
XI Initial Permit	[ ] Permit Renewal		
f this request is for perr	nit renewal, please provide	the following:	<b>;</b> :
Permit Identifica	tion Number:	- Amba	_
Permit Expiration	Date:		
			_

## SECTION 2 - COMMERCIAL BANNER COMPANY Que Contact Name: Fastsians Downtown Name of Organization: Mailing Address: 2648 E. Jefferson Ave, Ste B Phone Number: 313-345-5858 E-Mail Address: 2185 c fast Signs Com Lic 2018-00134 SECTION 3 - BANNER INFORMATION Purpose of Banner(s): Community Time Period to display Banner(s): Install Date: June 2019 Removal Date: MA Number of Banner(s) to display:\_\_\_ Streets on which Banner(s) are to be displayed: Edlie Ave., Lilibridge, Harding, Meadowbrook, Are any of the poles located on a Michigan State Trunk Line or Wayne County Road? Refer to listing of Trunk Lines and Wayne County Roads. [ ] YES Describe wording on the Banner(s) and any graphics: Jefferson Village Community Marina District

- Copy of banner design attached -





The following items **MUST BE** included in the permit application package in order for it to be considered:

- Completed banner permit application form
- Signed and dated indemnity agreement
- Signed and dated maintenance and removal agreement
- Copy of certificate of insurance
- Sketch, drawing, or actual sample of the banner to be displayed
- Listing and/or map of the specific locations for the Banner(s)
- \$100 non-refundable permit fee
- A refundable deposit to be held in escrow presented to Business License Department prior to the issuance of the Banner Permit

The undersigned applicant(s) agrees to abide by the provisions set by the City of Detroit to suspend a Banner or Banner(s) during the time period requested for this permit.

Sandra Hightower Applicant: Print Name	Brent Walker
Applicant: Print Name	Commercial Banner Representative: Print Name i.e., installer/remover
Applicant: Signature	Commercial Banner Representative: Signature
3/22/19 Date	4/2/2019 Date

### AGREEMENT OF INDEMNITY

#### **CITY OF DETROIT:**

**INDEMNITOR (S):** 

For and in consideration of the granting of a permit by the City of Detroit to suspend a Banner or Banners, the undersigned does agree to indemnify and hold harmless the City of Detroit, its officers, agents and employees from any and all claims arising out of the placement of, maintenance of, use of, or removal of banners, including claims involving Banners (or the structure upon which they are hung) falling on people or property.

Stightoner			
Signature of Authorized Representa Sandra Hightov	tive (Organization)	lander Grand	7
Name	,	Chooge	
3080 Orchard La	Ke Rd, Ste J.	Keego Harbor	M148320
Address, City, State, Zip Code		J	77.
248-681-7883		8/22/19	
Phone Number	_	Date	
BOL			
Signature of Authorized Representat	ive (Banner Company)		
FASTSIGNS DOWNTOWN D	ETROT DBA Detroit Sign	s LLC.	
Name			·
2648 E. Jefferson Ave. Suite B	Detroit, MI 48207		
Address, City, State, Zip Code			
313-345-5858		04/02/2019	
hone Number		Date	

#### **MAINTENANCE & REMOVAL AGREEMENT**

It is understood and agreed that during the initial display, and subsequent renewal periods if applicable, the permittee shall be responsible for inspecting banners and poles; replacing and/or removing banners that are torn, defaced or in general disrepair, including rigging. Where any street banner is found to present an immediate threat of harm to the public health, welfare or safety, the City shall summarily cause its removal.

It is also understood and agreed that banners are to be removed within seventy-two (72) hours of the revocation date of the permit. Any street banner not removed within that time period shall be removed by the City without notice to the permittee.

If the City removes banners because they are in disrepair, present a threat of harm, or because the permit has expired, it is understood and agreed that a portion or all of the refundable deposit will be forfeited by the permittee in order to cover the City's expense. If the expense of removal exceeds the amount of deposit, it is understood and agreed that the excess amount shall be collected from the person/entity to which the permit was issued.

It is also understood and agreed that in such cases when the City removes banners there is no guarantee that the banners can be reclaimed by the permittee.

Sandra Hightower	Brent Walker
Applicant: Print Name	Commercial Banner Representative: Print Name i.e., installer/remover
Okliton	S.C., Installer/remover
Applicant: Signature	Commercial Banner Representative: Signature
0/22/19	04/02/2019
Date	Date



2648 E Jefferson Ave Ste B Detroit, MI 48207 (313) 345-5858

More than fast. More than signs. ® fastsigns.com/2185

**ESTIMATE** EST-1498

Payment Terms: Cash Customer

The state of the s

create	d Date: 8/30/2018			
DESCR	RIPTION: Pole Banners			
Bill To	p: Jefferson Village 780 Harding Detroit, MI 48214 US	Pickup At:	FASTSIGNS 2648 E Jefferson Ave Ste B Detroit, MI 48207 US	
Requ	ested By: Doreen Hunter Email: doreenhunter@hotmail.com	Salesperson: B Email: b	rent Walker rent.walker@fastsigns.com	
NO.	Product Summary	QTY	UNIT PRICE	AMOUN
1 1.1	Pole Banners  Banner - 18oz -  Part Qty: 1	8	\$89.63	\$717,04
	Width: 12.00" Height: 24.00" Sides: 1			
	<b>Text:</b> Double sided pole banners, client will supply artwork.			
2	Pole Banner Brackets	8	\$74.00	\$592.00
2.1	Pole Banner Mounts - Part Qty: 1			
3	Install	8	\$120.00	\$960.00
3.1	Installation -	- 10 M		
4	28 Scissor Lift	1	\$350.00	\$350.00
4.1	Installation -	· · · · · · · · · · · · · · · · · · ·		
**Plaze	se note that this estimate is valid for 60 days**		Subtotal:	\$2,619.04
, ica.	se note that this estimate is valid for oo days	-	Taxes:	\$78.54
			Grand Total:	\$2,697.58

Signature:	Date:



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/03/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT
NAME: Senby Customer Service
PHONE
LAC. No. Extl: 800-473-8870
EMAIL
ADDRESS: buelnessproducts direct@sentry.com Benjamin Cullman FAX (A/C, No): 800-514-7181 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Sentry Insurance a Mutual Company 24988 INSURED INSURER B : Detroit Signs, LLC INSURER C: Fast Blans 2848 E Jefferson Ave Ste B INSURER D : Detroit, MI 48207-4152 INSURER E : INSURER F: COVERAGES **CERTIFICATE NUMBER: 1544048 REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LINSE ADDL SUBA INSR WVD POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS X | COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED CLAIMS-MADE X OCCUR \$ 500,000 MED EXP (Any one person) 5 18,000 A0085438003 03/05/2019 03/06/2020 PERSONAL & ADV INJURY \$ 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 3,000,000 X POLICY PRO-PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: **AUTOMOBILE LIABILITY** COMBINED BINGLE LIMIT \$ 1,000,000 ANY AUTO BODILY INJURY (Per person) DWNED AUTOS ONLY SCHEDULED A0085438001 BODILY MJURY (Per scrident) 03/05/2019 03/05/2020 ŝ HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY PROPERTY DAMAGE 8 OCCUR X UMBRELLA LIAB X EACH OCCURRENCE \$ 1,000,000 X EXCESS LIAB CLAIMS-MADE A0095438004 03/05/2018 03/05/2020 AGGREGATE \$ 1,000,000 DED RETENTION \$ PRODUCTS - COMP/OF AGG \$ 1,000,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OTH-STATUTE OFFICER/MEMBER EXCLUDED?
(Mendetory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below N/A E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space (a required) CERTIFICATE HOLDER CANCELLATION Brownstown Township SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 21313 Telegraph Rd Brownstown Township, MI 48183-1314 AUTHORIZED REPRESENTATIVE ACORD 25 (2016/03) A009543B

ACORD'	ADDITIONAL	AGENCY CUSTOMER ID: XXXXXX6198	
AGENCY	ADDITIONAL RE	MARKS SCHEDULE	Page 2 of 2
Bonjamin Cullman		NAMED INSURED	or <u>-</u>
POLICY NUMBER		Detroit Signe, LLC	
A0095438003		Fast Signs	
CARRIER			
Santry insurance a Mutual Company	NAIC CODE		
ADDITIONAL REMARKS	24968	EFFECTIVE DATE: 03/05/2019	
THIS ADDITIONAL REMARKS FORM IS A SCHED	ULE TO AGORD FORM		
FORM NUMBER: ACORD 25 FORM TITLE:	Certificate of Liability Insure		

#### **MEMORANDUM**

TO: Chief James Craig, Detroit Police Department

FROM: Hon. Scott Benson, City Council District 3

CC: Stephanie Washington, Mayor's Office

VIA: Hon. Brenda Jones, City Council President

DATE: 11 July 2019

RE: RTCC CAMERA ACCESS AND VIRTUAL PATROL

I have several questions regarding the use of Real Time Crime Center cameras, the installation of new cameras, and the access of pre-existing cameras as follows:

1. Where will the cameras be located?

2. What determines why they will be located in a specific area?

3. Will the cameras be permanent or mobile?

4. What is the time frame for installation?

5. Will live feed/streaming access strictly be prompted for use during virtual patrol?

6. If still frames are used to establish probable cause, will they be restricted to capture during virtual patrol?

Please provide a detailed response by 15 July 2019. If you have any questions do not hesitate to contact my office at, 313-224-1198.

**SRB** 

## City of Detroit

#### CITY COUNCIL

#### RAQUEL CASTAÑEDA-LÓPEZ COUNCIL MEMBER DISTRICT 6

#### **MEMORANDUM**

TO: Chief Craig, Detroit Police Department

THRU: Council President Brenda Jones,

FROM: Council Member Raquel Castañeda-López

**DATE:** July 11, 2019

RE: Contract 6002039 Real Time Crime Center Expansion

Please provide the following information related to the Green Light Program expansion:

- When will Council receive the report from the MSU research group conducting the comprehensive analysis of the Green Light program?
- The DPD policy related to traffic light mounted cameras provides that immigration uses are prohibited. Is there a similar prohibition for non-traffic light mounted cameras?
- DPD's standard operating procedure for facial recognition technology states that the Crime Investigation Unit is "authorized to submit requests for face recognition searches to be performed by external entities that own and maintain face image repositories." Have these requests been made? To which external entities?
- Has DPD connected its facial recognition systems to body-worn cameras or drone footage?
- DPD's standard operating procedure states that the facial recognition information will not be sold, published, exchanged, or disclosed to commercial or private entities or individuals except "to the extent authorized by DPD's agreement with the commercial vendor". Please provide a copy of the agreement and indicate the relevant language authorizing this sharing of information.
- To date, have there been any instances of outside agencies requesting face recognition searches or data from DPD?
- What law enforcement agencies currently maintain a MOU or interagency agreement with DPD in order to share these images or other data obtained? Provide copies of each existing MOU
- Provide any research studies that show that surveillance cameras reduce, prevent, or deter violent crime.
- In light of emerging research that suggests facial recognition software may misidentify certain groups more than others, in particular African American women, what is the Department's strategy to mitigate the potential disproportionate negative impact?

Please contact my office (313) 224-2450 if you have any questions.

Cc: Honorable Detroit City Council

City Clerk

Stephanie Washington, Mayor's Liaison

### City of Detroit



#### CITY COUNCIL

RAQUEL CASTAÑEDA-LÓPEZ COUNCIL MEMBER DISTRICT 6

#### **MEMORANDUM**

TO: Ron Brundidge, Director, DPW

Brad Dick, Director, GSD Gary Brown, Director, DWSD Beau Taylor, Director, PLA

THRU: Council Member Brenda Jones, Council President

FROM: Council Member Raquel Castañeda-López

**DATE:** July 12, 2019

**RE:** District 6 Viaduct status update

Please provide an updated report on the sixty-seven viaducts located in District 6.

Include the following information for each viaduct:

- For each of the following maintenance activities, provide information regarding how many times the activity is performed annually, and the most recent date that the maintenance occurred:
  - o Debris removal
  - o Cutting/removal of shrubbery and vegetation
  - o Road sweeping
  - o Surface clearing of catch basins
  - Vacuuming drains
  - o Graffiti removal
- What is the average amount of time it took to respond to citizen viaduct complaints?
- Did the viaduct receive a mural?
- Has the viaduct been lit?

CITY CLERK 2019 Jul. Were other structural improvements completed?

Please do not hesitate to contact my office if you have any questions. Thank you.

Cc: Honorable Detroit City Council Stephanie Washington, Mayor's Liaison City Clerk